Willie Lee Mathis (Debtor) Evelyn E. Mathis (Debtor) 75 S Harrison Street East Orange, NJ 07018 862-704-4949

U.S. BANKRUPTCY COURT FILED HEWARK, NJ

United States Bankruptcy Court

2019 AUG 14 A Pistrict Of New Jersey Newark, Vicinage

ANNE A. HAUGHFON

Chapter 13 Case No: 18-33158 JKS

GLERI Hearing Date: 08/22/2019 at 10:00 am

In Re: Marie-Ann Greenberg, MAG-1284 Marie-Ann Greenberg, Standing Trustee Suite 330 Fairfield, NJ 07004

973-227-2840 Chapter 13 Standing Trustee

Opposing to Motion to dismiss petition

I Willie & Evelyn Mathis received a letter form the court stating the dismissal of our petition from Marie Ann Greenberg Standing Trustee. It states that we did not file the proper income returns and as required by 11 U.S.C. Section 1308 in violation of 11 U.S.C. Section 1325(a)(9).

So in pursuant to section 1307(a)(5), the Trustee recommends dismissing the Chapter 13 Petition.

I Willie & Evelyn Mathis File all the years stated but there are a few discrepancies on the part of the IRS The IRS filed an estimated 2016, 2017 priority claim in the amount of \$14,476,76 and an estimated 2012, 2013, 2014 unsecured claim for \$4267.32

Lets start with 2012

I Willie Mathis Filed 2012 married but filed separately this was under my business profit & lost \$0 exhibit (A) and Evelyn Filed 2012 married but filed separately refund issued \$1306.00 exhibit (B)

I Willie Mathis Filed 2013 married but filed separately this was also my business profit and lost \$0 we close down store that year exhibit (C) and Evelyn Mathis Filed 2013 married but filed separately refund issued \$617.00 exhibit (D)

I Willie Mathis did not file a tax return for 2014 because I was not working my business was close in 2013 And Evelyn Mathis Filed taxes married but filed separately owed \$1989.00 exhibit (E)

I Willie & Evelyn Mathis Filed 2016 taxes married filed joint owed \$2229.00 exhibit (F) but the IRS stated that non-filling of return so we submitted it again.

I Willie Mathis Filed 2017 taxes married filed separately refund of \$138.00 exhibit (G)

And Evelyn Mathis Filed 2017 taxes married filed separately owed \$643.00 exhibit (H)

On my taxes Willie the IRS rejected my return because it was the wrong AGI amount I put in so they told me to mail it in which I did.

When Evelyn and myself filed bankruptcy we filed out form 106E/F we put the taxes on that sheet exhibit (I) We are in the process of making payment arrangement with the IRS.

I Willie & Evelyn Mathis have filed all our taxes and the amount are not what the IRS is estimating it is. We are trying are hardest to pay our debt back. This is the way that works for us in bankruptcy reorganization This is why we are opposing to the important of the dismission petition.

Willie Lee Mathis

Evelyn E. Mathis

Date

8 14/19 Date Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Pocument -3 Page Sof 80KS



Mommy D Sant Mommy D Sant Shop

This Product Contains Sensitive Taxpayer Data

Request Date: 08-10-2019 Response Date: 08-10-2019 Tracking Number: 100463580061

Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2012

TAXPAYER IDENTIFICATION NUMBER: SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1676

xxx-xx-5931

WILL MATH

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:

0.00

ACCRUED INTEREST: ACCRUED PENALTY:

0.00

AS OF: Aug. 05, 2019 AS OF: Aug. 05, 2019

0.00

ACCOUNT BALANCE PLUS ACCRUALS (this is not a

payoff amount):

0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS:

FILING STATUS:

Married Filing Separate

ADJUSTED GROSS INCOME: TAXABLE INCOME:

TAX PER RETURN: SE TAXABLE INCOME

TAXPAYER:

SE TAXABLE INCOME SPOUSE:

TOTAL SELF

EMPLOYMENT TAX:

RETURN NOT PRESENT FOR THIS ACCOUNT

TRANSACTIONS

	EXPLANATION OF TRANSACTION No tax return filed	CACFE	DATE	AMOUNT
971	Withholding allowances limited - letter sent to employer		04-19-2012	\$0.00
520	Bankruptcy or other legal action filed		11-26-2018	\$0.00

This Product Contains Sensitive Taxpayer Data

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Document Page 8 of 805

Exhibit (A)



### 2012 Income Tax Return

#### Federal Return

Thank you for using
FreeTaxUSA.com to prepare your
2012 income tax return.

You can view the status of your e-filed tax return by logging into your account at www.freetaxusa.com.

2013 tax preparation on FreeTaxUSA.com will be available starting in January of 2014.

We look forward to preparing your 2013 tax return.

# Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Document Sepaps 43058058 J 165

	$\cdot$ $^{\sim}$
Exhibit (	4)

Light T U4U		Individual Incom		2012	OMB No	s. 1545-0074	IRS Use Or	ıly—Do	not write or staple in thi	s space.
For the year Jan. 1-De	c. 31, 2012	, or other tax year beginning	74	, 2012, ending	)	, 20			separate instructi	
Your first name and	Initial		Last name						r social security nui	
WILLIE			MATHIS						37 72 593	
If a joint return, spou	ıse's first	name and initial	Last name						use's social security n	
							Apt. no.		46 70 167	
		street). If you have a P.O. b	iox, see instructions.				чрт. по.		Make sure the SSN(s	s) above correct.
75 SOUTH	HARE	RISON ST nd ZIP code. If you have a for	roign address also complete	snanes below (see in	structions).			Pre	esidential Election Ca	
			reign actoress, also complete	apacta belon (aco ii	olidolibrioji			1	k here if you, or your spous	
EAST ORAN		NJ 07018	Foreign pr	ovince/state/count	v	Foreign p	ostal code	jointly,	, want \$3 to go to this fund below will not change your	, Checking
roreign country nair	16		T Grought pa		,			refund	, , , , , , , , , , , , , , , , , , , ,	Spouse
	4	Single		4	[] Head	of household	(with quali	u pniyi	erson). (See instruction	ons.) If
Filing Status	2		(even if only one had in	ncome)					ot your dependent, er	
Check only one		X Married filing separa	•			's name here.			,,,,,	
box.		and full name here.	EVELYN MAT	HIS 5		lifying widow		ерепа		
Exemptions	6а	X Yourself. If some	one can claim you as a	dependent, <b>do</b> l	not check	box 6a .		. }	Boxes checked on 6a and 6b	1
mire in factories	d		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		(4) V if child t	eder one 17	<u>.</u> ,	No. of children on 6c who:	
	c	Dependents:	(2) Dependen social security no		endent's lip to you	qualifying for cl	iild tax credi	t	<ul> <li>lived with you</li> </ul>	
	(1) First	name Last name	3 accent according to			(sea instr	icuonsi		<ul> <li>did not live with you due to divorce</li> </ul>	
If more than four									or separation (see instructions)	
dependents, see									Dependents on 6c not entered above	
instructions and check here ▶ ☐		×								
cneck nere 💌 []	d	Total number of exem	ptions claimed					•	Add numbers on lines above ▶	
I	7		etc. Attach Form(s) W-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7		
Income	8a	•	ich Schedule B if requir					ва		
	b	Tax-exempt interest.	Do not include on line	8a <u>.</u>	3lo					
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. A	ttach Schedule B if rec	ıuired	. ,		-	9a		
attach Forms	ł)			in	9b L			.		
W-2G and	10	•	lits, or offsets of state a				' '	10		
1099-R if tax was withheld.	11	,					· ·	11 12	-28,	508
	12		oss). Attach Schedule ( Attach Schedule D if re		 wired che			13	20,	<u> </u>
If you did not	13 14		s). Attach Form 4797.		,			14	7. N	
get a W-2,	15a	IRA distributions .	15a		Taxable ar	mount .		15b		
see instructions.	16a	Pensions and annuities			Taxable ar		[	16b		
	17		ralties, partnerships, S	corporations, tru	sts, etc. A	ttach Sched	ule E	17		
Enclose, but do	18		. Attach Schedule F .					18		
not attach, any payment. Also,	19	Unemployment comp	ensation					19		
please use	20a	Social security benefits		] b	Taxable ar	nount .	• • ]	20b		
Form 1040-V.	21	Other income. List typ	oe and amount n the far right column for l	linna 7 through 01	This is you	r total incom	a 🌬	21 22	-28,	500
The same of the sa	22				23	+ totar moon		66	-20,	<u> </u>
Adjusted	23	Educator expenses	ses of reservists, performing							
Gross	24		ficials. Attach Form 2106		24					
Income	25		nt deduction. Attach Fo		25			1		
	26		tach Form 3903		26					
	27		employment tax. Attach S	i	27					
	28	Self-employed SEP, S	SIMPLE, and qualified p	olans [_:	28					
	29	Self-employed health	insurance deduction		29					
	30	Penalty on early withd	_ 1	i	30					
	31a	Alimony paid <b>b</b> Recip			1a					
	32		,	ļ	32 33	······································				
	33		deduction		34					
	34 35		ctivities deduction. Attacl		35					
	36		35					36		0.
	37		line 22. This is your ad		ome .			37	-28,	508.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main / Document Page 5 of 80 3158-JKS Exhibit (A)

Form 1040 (2012	WII	LLIE MATHIS						1	37-	7 <i>2</i> -5931	·
Tax and	38	Amount from line 37 (adju	ısted gross income					£	38		<u>-28,508.</u>
Credits	39a	Check   You were b	oorn before Januar	y 2, 1948,	□ 81	ind.   To	tal boxes				
Oreans			as born before Janu		terrane.		ecked ▶ 39a				
Standard	b	If your spouse itemizes on	a separate return o	r you were a du	ual-status	alien, ci	heck here▶	39b[			
Deduction for	40	Itemized deductions (fro	ım Schedule A) <mark>or</mark> y	your <mark>standard</mark>	deducti	on (see l	left margin)		40		5,950.
• People who	41	Subtract line 40 from line	38						41	-	-34,458.
check any box on line	42	Exemptions. Multiply \$3,	,800 by the number	r on line 6d .					42		3,800.
39a or 39b or	43	Taxable income. Subtra	ct line 42 from line	41. If line 42 is	s more ti	ian line 4	11, enter -0-		43		0,
who can be claimed as a	44	Tax (see instructions). Chec	k if any from: a 🔲	Form(s) 8814	b 🗌 Fo	orm 4972	2 <b>c</b> 🗌 962 el	ection	44		0.
dependent, see	45	Alternative minimum tax	(see instructions)	. Attach Form	6251 .				45		
instructions.	46	Add lines 44 and 45				٠,٠			46		0.
<ul> <li>All others:</li> <li>Single or</li> </ul>	47	Foreign tax credit. Attach	Form 1116 if requi	ired		17	MF_07 8 1 1 1 1		ļ		
Married filing	48	Credit for child and depend	lent care expenses.	Attach Form 24	141	18					
separately, " \$5,950	49	Education credits from Fo	orm 8863, line 19			19		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	į		
Married filing	50	Retirement savings cont	ributions credit. A	ttach Form 86	380	50					
jointly or Qualifying	51	Child tax credit. Attach S	Schedule 8812, if re	equired		51					
widow(er), \$11,900	52	Residential energy credits				52					
Head of	53	Other credits from Form: a	🗍 3800 b 🔲 880	1 c 🗌		53					
household, \$8,700	54	Add lines 47 through 53.	•						54		0.
<del></del>	55	Subtract line 54 from line	46. If line 54 is mo	re than line 46.	, enter -0	<u> </u>			55	ļ	0.
Other	56	Self-employment tax. Atta	ach Schedule SE						56		
	57	Unreported social security	y and Medicare tax	cfrom Form:	a 🗌 41	37 l	b 🗌 8919		57		
Taxes	58	Additional tax on IRAs, oth	er qualified retireme	ent plans, etc. /	Attach Fo	rm 5329	if required		58		
	59a	Household employment ta							59a	ļ	
	b	First-time homebuyer cred	it repayment. Attacl	h Form 5405 if	required				59b		
	60	Other taxes. Enter code(s)	from instructions						60		
	61	Add lines 55 through 60.	This is your <b>total t</b> a	эх	• • •			·	61	}	
Payments	62	Federal income tax withhe			ļ-~	52					
If you bays a	63	2012 estimated tax paymen				33					
If you have a qualifying	<u>64</u> a	Earned income credit (E	· 1 1	. NO	6	4a			İ		
child, attach	b	Nontaxable combat pay elec	Landa American								
Schedule EIC.	65	Additional child tax credit.			<b>—</b>	35					
	66	American opportunity cre-			1	36		···			
	67	Reserved			1-	57					
	68	Amount paid with request			}	8					
	69	Excess social security and				39					
	70	Credit for federal tax on f	_			70		<del></del> -			
	71 70	Credits from Form: a 243				monte		. >	72		0.
	72	Add lines 62, 63, 64a, and	·						73	ļ	<u>v.</u>
Refund	73	If line 72 is more than line Amount of line 73 you wa	•					≽	74a		~~~
	74a ⊳ ⊾	- 1	nt resunaea to you	a. II FUIII 6666		e: [T] Ch		avings	1-46	<b></b>	
Direct deposit? See	⊳ b ⊳ d	Routing number Account number			1 1			1411.90			
instructions.	<b>7</b> 5	Amount of line 73 you want	annlied to your 20	13 estimated t	ax ≫	75		;			
Amount	76	Amount you owe. Subtra				to pay,	see instructio	กร 🔊	76		0.
You Owe	77	Estimated tax penalty (see			1	77				I and a second	
Third Party		you want to allow another		this return with	h the IRS	(see ins	tructions)?	[] Yes	. Com	plete below.	⊠ No
Designee	Des	iqnee's		Phone			Persor	nal identifi	cation		
		ne 🕨		no. 🕨			numbe			<b>&gt;</b>	
Sign	Und	ler penalties of perjury, I declare to are true, correct, and complete.	that I have examined the Declaration of prepare	nis return and acco r fother than taxpo	ompanying ayer) is ba	schedule: sed on all i	s and statement: information of wi	s, and to th nich prepa	ne best rer has	of my knowledge any knowledge	ge and belief,
Here			!	Date	Your oc				ı	me phone num	
Joint return? See	H	r signature		Date					cc y 1/1	p.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
instructions. Keep a copy for	Sno	use's signature. If a joint return	n both must sign	Date	OWNE Spouse	s occupat	ion		If the If	RS sent you an lo	lentity Protection
your records.	apu	aco o oignaturo. Il a junt returi	, soa, maar agra		-,,,,,,,,,				PIN, er		-
	Prin	t/Type preparer's name	Preparer's signatu	ro	J.,		Date			PT PT	IN
Paid			SELF-PRE							k LJif mployed	
Preparer	Firm	n's name ▶	4				Firm's Eth	₽		,	
Use Only		ı's address ▶					Phone no.				
			armen american communicative (C. F. Spirit Max. Amiliare Spirit man are	The second second section and second sections are second sections.			AMERICAN STREET, AND STR			Forr	n <b>1040</b> (2012)

Case 18-33158-JKS

	EDULE C	Profit or Loss From Business								545-0074
(Forn	n 1040)			(Sole P	roprie	torship)			201	12
	rest or the rousing					ructions, go to www.irs.gov/sc		1	Attachment	
	Revenue Service (99)	a Aı	tiach to Fo	ırın 1040, 1040NR, or 104	l; part	nerships generally must file Form 106.	,		Sequence 1	
	of proprietor								number (SS	3N)
WIL	LIE MATHIS							-72-		
Λ	•	-		ig product or service (se	e instr	ructions)	B Ente		om instructi	
	VENIENCE STO							ACCOMMENSATION OF THE STATE OF	4 5	
C	Business name. If no	-	business.	name, leave blank.			D Emp	loyer ID n	umber (EIN)	(see instr.)
	MYO SWEET SI									
E				m no.) a 2100 S						
	City, town or post off					200-		<del>.</del>		
F	Accounting method:	(1) 🛚	Cash	(2) Accrual (3	) []	Other (specify) =			₩ Var	i No
G	Did you Endaterially pa	articipatel.	.≟in the op	eration of this business	during	2012? If the Late instructions for h	mit on l	osses	. M	. [] ,40
H	If you started or acqu	rired this b	ousiness o	uring 2012, check here					e []	X No
						n(s) 1099? (see instructions)				
		ill you file	required l	<sup>2</sup> orms 1099?		<u> </u>			Yes	No No
Pani	201202						_	·		
1	Gross receipts or sale	es. See in:	structions	for line 1 and check the	boxi	f this income was reported to you on			1 1	1 001
						d	1	<del> </del>	<u> </u>	1,031
2							2	ļ	11	1 021
3	Subtract line 2 from li							<u> </u>		1,031
4	-							ļ		3 <u>,473</u>
5								ļ		2,442
6	Other income, includi	ing federa	land state			refund (see instructions)	•	ļ		
7	Gross income. Add	lines 5 an	d 6			<u> </u>	<u>7_</u>	<u></u>		2,442
Pant	II Expenses			······································	•	siness use of your home only o	n line	30.		
8	Advertising		8	1,625.	18	Office expense (see instructions)	18	<u> </u>		935
9	Car and truck expens-	es (see			19	Pension and profit-sharing plans .	19	ļ		
	instructions)		9		20	Rent or lease (see instructions):				
10	Commissions and fee	es .	10		a	Vehicles, machinery, and equipment	20a	ļ		
11	Contract labor (see instri	uctions)	11		l b	Other business property		ļ		9,984
12	Depletion	F	12		21	Repairs and maintenance		<u></u>		1 <b>,</b> 654
13	Depreciation and secti				22	Supplies (not included in Part III) .	_22	<u> </u>		1,775
	expense deduction included in Part III				23	Taxes and licenses	23			250
	instructions).		13		24	Travel, meals, and entertainment:				
14	Employee benefit pro	ograms			a	Travel	24a			
	(other than on line 19)	)	1.4		b	Deductible meals and				
15	Insurance (other than l	health)	15	1,200.		entertainment (see instructions) .	24b			
16	Interest:				25	Utilities	25		{	B,643
a	Mortgage (paid to bank	(s, etc.)	16a		26	Wages (less employment credits).	26			
b	Other		16b		27a	Other expenses (from line 48).	27a			
17	Legal and professional s	ervices	17		ь	Reserved for future use	276			
28	Total expenses befor	re expens	es for bus	iness use of home. Add	lines 8	8 through 27a	28			6,066.
29	Tentative profit or (los	s) Subtra	ct line 28	from line 7			29		-28	3 <u>,</u> 508.
30	Expenses for business	s use of ye	our home.	Attach Form 8829, Do	not re	port such expenses elsewhere	30			
31	Net profit or (loss).	Subtract li	ine 30 froi	n line 29.						
	If a profit, enter on b	ooth Form	1040, line	: 12 (or Form 1040NR, F	ine 13)	and on Schedule SE, line 2.				
	(If you checked the box	x on line 1	, see instri	actions) Estates and trus	sts, ent	er on Form 1041, line 3.	31		-28	3,508.
	If a loss, you must					J				
32	•	_		cribes your investment	in this	activity (see instructions)				
				·		Form 1040NR, line 13) and				
	*					31 instructions). Estates and			vestment	
	trusts, enter on Form						32b	∏ Som at ris	e investme	ent is not
	r-1.	isis, enter on Porm 1041, line 3.								

If you checked 32b, you must attach Form 6198. Your loss may be limited.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Document Page 7 of 80 55% - 165

Estr Main	A
-	

	Caca	Page 2
wind with a series	C (Form 1040) 2012 Cost of Goods Sold (see instructions)	V) A COLUMN TO THE PARTY OF THE
Part I	Cost of Goods Sold (see instructions)	
	Method(s) used to value closing inventory: a 🔀 Cost b 🗌 Lower of cost or market c 🔲 Other (attact	n explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If [Yes, attach explanation]	Yes X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	50,000.
36	Purchases less cost of items withdrawn for personal use	90,698.
37	Cost of labor. Do not include any amounts paid to yourself	
38	Materials and supplies	2,775
39	Other costs	
40	Add lines 35 through 39	143,473.
41	Inventory at end of year	30,000.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	113,473.
Paul I	Information on Your Vehicle. Complete this part only if you are claiming car or true and are not required to file Form 4562 for this business. See the instructions for line 1 file Form 4562.	k expenses on line 9  3 to find out if you must
43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle	
a	Business b Commuting (see instructions) c Other	
45	Was your vehicle available for personal use during off-duty hours?	
46	Do you (or your spouse) have another vehicle available for personal use?.	
47a	Do you have evidence to support your deduction?  If Wes, Lik the evidence written?	
b Pant		).
i carr	Office Expenses, Electrical	
******		
48	Total other expenses. Enter here and on line 27a 48	Schedule C (Form 1040) 201

# Internal Revenue Service United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018 Response Date: 08-14-2018 Tracking Number: 100403416005

Account Transcript

TAX PERIOD: Dec. 31, 2012 FORM NUMBER: 1040

146-70-1676 TAXPAYER IDENTIFICATION NUMBER: SPOUSE TAXPAYER IDENTIFICATION NUMBER: 137-72-5931

EVELYN E MATHIS

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00

AS OF: Mar. 24, 2014 0.00 ACCRUED INTEREST: AS OF: Mar. 24, 2014 0.00 ACCRUED PENALTY:

ACCOUNT BALANCE PLUS ACCRUALS (this is not a

0.00 payoff amount):

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS:

Married Filing Separate FILING STATUS:

ADJUSTED GROSS

44,065.00 INCOME: TAXABLE INCOME: 19,565.00 2,501.00 TAX PER RETURN:

SE TAXABLE INCOME 0.00 TAXPAYER: SE TAXABLE INCOME

0.00 SPOUSE: TOTAL SELF EMPLOYMENT TAX: 0.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Aug. 26, 2013 PROCESSING DATE Sep. 16, 2013 PROCESSING DATE

TRANSACTIONS

T'NUOMA CYCLE DATE CODE EXPLANATION OF TRANSACTION 20133504 09-16-2013 \$2,501.00 Tax return filed 150 16221-638-08563-3 -\$3,807.00 04-15-2013 806 W-2 or 1099 withholding \$1,306.00 09-06-2013. 846 Refund issued \$0.00 09-16-2013 Refund applied to non-IRS debt: \$1,306.00

This Product Contains Sensitive Taxpayer Data

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 9 @ 80 e | 8-33158 Exh. b + B)

اً 1340 U.S. I	ndivi	dual Income Tax i	ervice (99) Return	2012 OMB	No. 1545-00	74 RS Use	_	not write o	or staple in this space.	
		or other tax year beginning		,2012, ending	,20	to the state of th			separate instructi	ons.
Your first name and EVELYN E		HIS	Last name						r social security 6–70–1676	
If a joint return, spou	ıse's fi	rst name and initial	Last name					, .	use's social sect 7-72-5931	-
,		nd street). If you have a N STREET APT		structions.		Apt. no	).		Nake sure the SSI and on line 6c ar	
City, town or post office, sta EAST ORANG		ZIP code. If you have a foreign NJ 07018	address, also comple	le spaces below (see instruc	tions).			Check he	dential Election see if you, or your spous ant \$3 to go to this fund	se if filing
Foreign country nam	e		Foreign provi	nce/county	Foreign po	stal code			c below will not change	
Filing Status Check only one box. Exemptions	1 2 3	Single Married filing jointly Married filing separa and full name here.	ately. Enter spou ▶ WILLIE	ise's SSN above	If the qua this child Qualifyin	alifying perso 's name hero g widow(er)	on is a e. ► with de	child but ependen		lent, enter
Exomptions	b	FT .		·				,	6a and 6b	1
If more than four depen- (1) Fir	c st nar			(2) Dependent's social security no.	relat	pendent's ionship to /ou	(4) Vi under fying I credit	if child und age 17 qua for child lax (see Instr.	on 6c who:	en C
dents, see instr. and									did not five with you due to divorc or separation (see instr.)  Dependents on 6c	0
check here ▶ ☐									<ul><li>not entered above</li><li>Add numbers</li></ul>	, ,
d Total nur Income	nber (	of exemptions claimed Wages, salaries, tips,		n(s) W.2				1	on lines abov	re▶ 1
meomo	•	vvages, salaties, tips,	oto. Attaon i om	(3) VV-2				7_	43,	921.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax	b 9a b		Do not include o	on line 8a	. 8b		, ,	9a		144.
was withheld.	10 11 12	Taxable refunds, credital Alimony received Business income or (lo	.,					}		T42.
If you did not get a W-2, see instructions.	13 14	Capital gain or (loss). Other gains or (losses)	Attach Schedule	Difrequired. If not	required, che	eck here 🕨		13		
see metradione.		IRA distributions Pensions and annuitie Rental real estate, roys	s 16a	ins S corporations tr	b Taxable b Taxable	amount .	ile E	15b 16b 17		
Enclose, but do	18 19	Farm income or (loss). Unemployment compe	Attach Schedu					18		
not attach, any payment. Also, please use	20a 21	Other income. List typ	e and amount (s		∫ b Taxable			21	4.4	0.25
Form 1040-V.	22	Combine the amounts			ugh 21.This	is your total	incom	≥ 22	44,	065.
Adjusted Gross	23 24	Educator expenses Certain business expensed and fee-basis gov. office	nses of reservist	s, performing artists,	24					
Income	25 26	Health savings account Moving expenses. Atta	t deduction. Atta	ach Form 8889				-		
	27 28	Deductible part of self- Self-employed SEP, SI	employment tax	. Attach Schedule SE	27					
-	29 30	Self-employed health in Penalty on early withdr	nsurance deduct	tion	. 29					
	32	•								
	33 34	Student loan interest de Tuition and fees. Attack	h Form 8917		. 34			_		
	36	Documentic production as Add lines 23 through 38	5					36	0.6.7	765
	37	Subtract line 36 from lin	ne 22. This is yo	our adjusted gross in	icome			> 37	44,(	100.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 10 of 80-33158-JKS Exhibit (B)

Form 1040 (20	i2)	E	EVELYN E MATHIS 146-70-	167	
Tax and		38	Amount from line 37 (adjusted gross income)	38	44,065.
Credits			Check You were born before Jan. 2, 1948, Blind. Total boxes		
		504	if: Spouse was born before Jan. 2, 1948, Blind.   checked ▶ 39a		
Standard	1	h	If your spouse itemizes on a separate return or you were a dual-status alien, check here	1	
Deduction	L	b	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,700.
for-	Г	40	Subtract line 40 from line 38	41	23,365.
People whe check any	9	41	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
l hax an line	,	42	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	19,565.
39a or 39b o who can be claimed as a	'	43		44	2,501.
aependent,		44		45	h
see instructions.		45	Alternative minimum tax (see instructions). Attach Form 6251	46	2,501.
All others:	1	46	Add lines 44 and 45	40	2,700
Single or	-	47	Foreign tax credit. Attach Form 1116 if required	-	
Married filing separately.		48	Credit for child and dependent care expenses. Attach Form 2441 48	-	
\$5,950		49	Education credits from Form 8863, line 19	∦ · · /	
Married filing jointly or	}	50	Retirement savings contributions credit. Attach Form 8880	1	
Qualifying	Ì	51	Child tax credit. Attach Schedule 8812, if required 51	4	
widow(er), \$11,900		52	Residential energy credits. Attach Form 5695 52	-	
Head of		53	Other cred ts from Form: a 3800 b 8601 c 53	-	
household, \$8,700	1	54	Add lines 47 through 53. These are your total credits	. 54	
\$0,700		55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0▶	55	2,501.
Other		56	Self-employment tax. Attach Schedule SE	56	
Taxes		57	Unreported social security and Medicare tax from Form: a 4137 b 8919	. 57	
IUNGG		58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	. 58	
			Household employment taxes from Schedule H	. 59a	
		h	First-time homebuyer credit repayment. Attach Form 5405 if required	. 59b	
		60	Other taxes, Enter code(s) from instructions	60	
		61	Add lines 55 through 60. This is your total tax	61	2,501.
			Federal income tax withheld from Forms W-2 and 1099 62 3,807.		
Payments		62	2012 estimated tax payments and amount applied from 2011 return 63	1	
If you have a		63	NO CARL	1	
gualifying ch	ld	64a		1	
attach Scheo	ule	b	oav election		j
EIC.		65	Additional child tax ordan. Andon 1 of the	1	
		66	Attendar opportunity credit from 1 cm. cocc, into	1	
		67	Reserved	┨ . '	
		68	Amount paid with request for extension to file 68	-	
		69	Excess social security and tier 1 RRTA tax withheld 69	-	
		70	Credit for federal tax on fuels. Attach Form 4136	-	
		71	Credits from Form: a 2439 b served c 8801 d 8885 71	-	3,807.
		72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	
Refund		73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,306.
Rolana		74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	74a	1,306.
	<b>B</b>	b	Routing		1
Direct deposit?	) <b>&gt;</b>	d	Account		
See instruction		75	Amount of line 73 you want applied to your 2013 estimated tax ▶ 75	]	
Amount		76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst	76	
You Owe		77	Estimated tax penalty (see instructions)		
Third Party	Do		cant to allow another person to discuss this return with the IRS (see instructions)?		plete below. No
Designee	Des	ignee's	Phone and our source !	ersonal i umber (	identification 12345
	11017	_	the latest that I have exemped this column and examinativing schedules and slatements, and to the best of min	y knowlei	dge and
Sign	heli	ef. inev	are true, correct, and complete. Declaration of preparer (other than taxbayer) is based on all fillolateach of this is properly to	as any kr I D	nowledge. Paytime phone number
Here	; ;	- 14	SAME CACH CHERRY		3-466-8560
Joint return?	<u> </u>	1148 K	107 1 2007(2002)	1	the IRS sent you an Identity
See instr. Keep a copy	Sp	ouse's	signature.If a joint return, both must sign Date Spouse's occupation		ratection PIN,
for your				1	nter it here
records.		O.D. Walley			ee inst.)
, , , , , , , , , , , , , , , , , , , ,	Print/T	/pe pr	eparer's frame	eck X	1 - 000 40 40 1
·	HUDS	ON E	STIERRE EN ATT AT HODIOUS	f-employ	
	ំណាន កំន	ne	THA DIA TIME OF LOT		* 1. 1. 3. 1. 1. 1. 2. 2. 2.
Use Only	irm's ad	dress	▶ 47 W WESTFIELD AVE Phon		
			ROSELLE PARK NJ 07204- 908	-241	-1040
DCA			US 104052		Form <b>1040</b> (2012)

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document (Rage 15/06/26/15/65)

#### IRS e-file Signature Authorization

Form <b>8879</b>	IRS e-file Signature Authorization	1	ОМ	B No. 1545-0074
Department of the Treasury Internal Revenue Service			2012	
Declaration Control Num	ber (DCN) 00226682 2			
Taxpayer's name EVELYN E MAT.		Social secu		per
Spouse's name				rity number
Tax Retui	'n Information-Tax Year Ending December 31, 2012 (Whole	e Dollars Only)	system of the second section	and the state of t
Percentage and the second seco	ome (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)		1	44,065.
2 Total tax (Form 10	40, line 61; Form 1040A, line 35; Form 1040EZ, line 10)		2	2,501.
3 Federal income tax	withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7.)		3	3,807.
4 Refund (Form 1040	), line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Pa	rt f, line 12a)	4	1,306.
	Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)		5	<del> </del>
Parill Taxpayer	Declaration and Signature Authorization (Be sure you get	and keep a	copy of	your return)
institution account indicat tax, and the financial inst Treasury Financial Agent 1-888-353-4537. Payment authorize the financial instanswer inquiries and resc signature for my electronit Taxpayer's PIN: check I authorize TAX I as my signature on m I will enter my PIN as	DRX FRANCHISE	nis return and/o force and effect the U.S. Treasu to the payment ( ve confidential intification number. herate my PIN	r a paymer until I notifury Financia settlement information per (PIN) b	nt of estimated fy the U.S. al Agent at b) date. I also i necessary to
(m-3				1
I authorize	ERO firm name	lerate my PtN	Enter five	e numbers, but
ae my eignature on m	y tax year 2012 electronically filed income tax return.			e numbers, but nter all zeros
will enter my PIN as	my signature on my tax year 2012 electronically filed income tax return. Chec I and your return is filed using the Practitioner PIN method. The ERO must contain the Pinch Pi		if you are	
Municipality and the second se	Practitioner PIN Method Returns Only-continu	ie below		
Part III Certification	on and Authentication-Practitioner PIN Method Only			gamman gjadakan makiska tinkikikitiya finika bi SiSSV(C)
ERO's EFIN/PIN. Enter y	our six-digit EFIN followed by your five-digit self-selected PIN.		321234 nter all ze	
for the taxpayer(s) indicate and Publication 1345, Ha	neric entry is my PIN, which is my signature for the tax year 2012 electronicalled above. I confirm that I am submitting this return in accordance with the required notice for Authorized IRS e-file Providers of Individual Income Tax Returns.  DSON_ETIENNE_EA_ATP_ATA	ly filed income t	ax return e Practitior	

ENO Must Retal: This form - See his in alions

Do Not Submit This Form to the IRS Unless Requested To Do So

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09

Document Page 12 of 80 33 (58 ) \ PA

MATHIS EVELYN E

146701676

RESIDENCY STATUS IF YOU WERE A NJ RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NJ RESIDENCY

1045

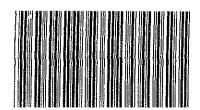
			The state of the s			
FILIN	STATUS		EXEMPTIONS			
1. SI	NGLE -		6. REGULAR		1	
2. MA	RRIED/CU COUPLE FILING JOINT RETURN		7. AGE 65 OR OVER		0	
3. MA	RRIED/CU COUPLE FILING SEPARATE RETURN	Х	8. BLIND OR DISABLED		0	
4. HE	AD OF HOUSE HOLD		9. NUMBER OF QUALIFIED DEPEND	ENT CHILDREN	0	
5. QU	ALIFYING WIDOW(ER)ISURVIVING CU PARTNER		10. NUMBER OF OTHER DEPENDEN	TS	0	•
CHEC	K BOXES FOR EXEMPTIONS		11. DEPENDENTS ATTENDING COLL	EGE	0	
REGUL	SPOUSE/ DOMESTIC CU PARTNER PARTNER		12A. TOTAL (LINE 12A - ADD LINES (	6, 7, 8, AND 11)	1	
AGE 65 OR OLD	SPOUSE/		12B. TOTAL (LINE 12B - ADD LINES 9	AND 10)	0	
OR OLD BLIND C DISABLI	R SPOUSE/ ED YOURSELF CU PARTNER					
DEPE	NDENTS INFORMATION FROM LINES 9 AND 1	ATTA) 01	CH RIDER IF MORE THAN FOUR)			
LAST	NAME, FIRST NAME, MIDDLE INITIAL		SOCIAL SECURITY NUMBER	BIRTH YEAR	<b>ነ</b>	HEALTH INS IN
Α						
В						
С	•					
D						
	RNATORIAL ELECTIONS FUND			V/ITO		
	OU WISH TO DESIGNATE \$1 OF YOUR TAXES			YES	NO	
IF JOI	NT RETURN, DOES YOUR SPOUSE/CU PARTI	IER WISI	TO DESIGNATE \$1?	YES	NO	
	WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPE	NSATION (E	NCLOSE W-2)		,	43,921 .
14.	BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR	W-2(S) (SEE	INSTRUCTIONS)			^
	TAXABLE INTEREST INCOME(SEE INSTRUC					0.
	TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (E	NCLOSE SC	HEDULE) DO NOT INCLUDE ON LINE 15A			0.
16.	DIVIDENDS					0.
17.	NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PA			m 1040)		0.
18.	NET GAINS FROM DISPOSITION OF PROPE		-			0.
19.	PENSIONS, ANNUITIES, AND IRA WITHDRAW DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. M. (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)	IVS (SEE J-BUS-1, PA	INS FRUCTIONS) RT II. LINE 4) (SEE INSTRUCTION)			0.
20.	(ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)	T INSCOUNT	(SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTRUCTIONS) (ENCLOSE SCH. NJ-K-1 OF			0
21.	NET PRO RATA SHARE OF S CORPORATION NET GAIN OR INCOME FROM RENTS, ROYA		(SEE INSTRUCTIONS) (ENCLOSE SCH. NJ-K-1 OF	R FEDERAL SCH. K-1)		0
22.			ATENTO & COPT MOIN GOUNEDOLE NAMED	5-1, I-AICT 10, EINE 4)		0.
23.	NET GAMBLIING WINNINGS (SEE INSTRUCT ALIMONY AND SEPARATE MATINENCE PAY:		ECENED			0 .
24.	OTHER (ENCLOSE SCHEDULE) (SEE INSTRI					0 .
25.	TOTAL INCOME (ADD LINES 14, 15A, 16 THR		•		Ž	3,921 .
26.	PENSION EXCLUSION (SEE INSTRUCTIONS)		"			0 .
	OTHER RETIREMENT INCOME EXCLUSION (		RKSHEET AND INSTRUCTIONS)			Ŏ.
	TOTAL EXCLUSION AMOUNT (ADD LINE 27A					0 .
	NEW JERSEY GROSS INCOME (SUBTRACT)				Z	13,921 .
28. 29.	TOTAL EXEMPTION AMOUNT (SEE INSTRUCTIO			TRUCTIONS	·	1,000 .
∡9. 30.	MEDICAL EXPENSES (SEE WORKSHEET AN			30710110)		0
	ALIMONY AND SEPARATE MATINENCE PAY		30110140/			0 .
31.	QUALIFIED CONSERVATION CONTRIBUTION					0.
32.		4				0 .
33.	HEAITH ENTERPRIZE ZONE DEDUCTION ALTERNATIVE BUSINESS CALCULATION AD	HICTRAE!	NT (SCHEDULE NURUS, 2 1) NE 1/1)			0 -
34.						1,000 .
35.	TOTAL EXEMPTIONS AND DEDUCTIONS (AD					12,321
àΰ, ο <b>π</b> α	TAXABLE INCOME (SUBTRACT LINE SO PROTOTAL PROPERTY TAXES PAID (SEE INSTRI					6,570 .
	TOTAL PROPERTY TAXES PAID (SEE INSTR	ひしいひいと	1			$\sim$ , $\sim$ , $\sim$ .

Case 18-33158-JKS Doc 53

Document NJ-1040 (2012)

Filed 08/14/19 Entered 08/16/19 09:12:09 Document Page 13 of 806-33 15 8 3

PAGE 3



MATHIS EVELYN E

146701676

1045

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012		
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)	5,000	
38	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	37,921	
39.	TAX (FROM TAX TABLES.)	645	
40.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	0	
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)		
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	645	
43.	SHELTERED WORKSHOP TAX CREDIT	0	٠
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	645	
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO	0	٠
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	0	
46A.	FILL IN IF FORM 2210 IS ENCLOSED		
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	645	٠
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	830	,
49,	PROPERTY TAX CREDIT (SEE INSTRUCTIONS)	0	
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN	0	
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)	0	
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT		
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT		
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	32	
53.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)	0	
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	0	
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	862	
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT	0	•
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT	217	
	DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:		
58.	YOUR 2013 TAX	0	٠
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	0	
60.	NEW JERSEY CHILDRENS TRUST FUND	0	
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	0	
62.	NEW JERSEY BREAST CANCER REASEACH FUND	0	
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	0	٠
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)	0	
	DESIGNATION CODE		
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	0.	
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	217	
D Q .			

#### DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS) FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES **ROUTING NUMBER** ACCOUNT NUMBER

DO NOT MAIL INDICATOR

" POWER OF ATTORNEY INDICATOR

PRESIDENTIAL DISASTER RELIEF INDICATOR

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 14 of 89-33158 JKS CX N 10-1 (B)

SCHEDULE

NJ-BUS-1

#### **NEW JERSEY GROSS INCOME TAX**

2012

	(Form NJ-1040) BUSINESS IN	ICOME S	UMMARYS	CHEDULE		-
N	ame(s) as shown on Form ÑJ-1040				Your Social Security Number	•
M	ATHIS EVELYN E			······································	146-70-1676	<del></del>
Р	ART I NET PROFITS FROM BUSINESS		List the net profi	it (loss) from busi	ness(es). See instructions.	
	Business Name		Social Securi Federa	*	Profit or (Loss)	
1.	EVELYN E MATHIS		146-70	-1676		
2.						
3.						
	Net Profit or (Loss). (Add Lines 1, 2, and 3.)	1 ( 47)		4.		
4.	(Enter here and on Line 17. If loss, make no entry on	Line 17.)	List the distribut		ne (loss) from partnership(s).	
P	ART II DISTRIBUTIVE SHARE OF PARTNERSHIP	INCOME	See instructions		te (1099) som partitorsimpto).	
	Partnership Name		Federa	I EIN	Share of Partnership Income or (Loss)	·
					moone of (Loss)	
1.						
2.						
3.		1				
U.	Distributive Share of Partnership Income or (Loss). (A					
4.	(Enter here and on Line 20. If loss, make no entry on	Line 20.)			1. 16. 00	
Ρ	ART III NET PRO RATA SHARE OF S CORPORAT	TON INCOME	List the pro rata See instructions	share of income	(loss) from S Corporation(s).	
	S Corporation Name		Federa	IEIN	Pro Rata Share of S Corporation Income or (Loss)	
1.						
2.						
3.		-				
4.	Net Pro Rata Share of S Corporation Income or (Loss) (Enter here and on Line 21. If loss, make no entry on	). (Add Lines Line 21.)	1, 2, and 3.)	4.		
Ρ	ART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS	'S	rents, royalties,	patents, and copy	ess net loss, derived from or in the for rights. See instructions. state 2-Royalties 3-Patents 4-Copyri	
	Source of Income or Loss If rental real estate,	Social Sec	curity Number/	Type - Enter		.90
	enter physical address of property.		eral EIN	number from list above	Income or (Loss)	
1.			,			
2.						
2						
3,	ivel moune or (Loss). (Add Lines 1, 2, and 3.)		K 1 -			
4.	(Enter here and on Line 22. If loss, make no entry on	Line 22.)		4.		

NJ40BU\$1

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09

Document (Rage 15,0189) IS8-JKS

# Desc Main Explanat (B)

#### NJ-2450

#### **EMPLOYEE'S CLAIM FOR CREDIT** FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2012

	imant Social Security No. . 46-70-1676	Name: EVELYN E MATHIS			
	te on Joint NJ-1040 Return:	Name, DVDDIV D PITTIFE			
	ch spouse/CU partner must file	Address: 75 S HARRISON STREET AP	т 2		
a se	eparate form when claiming a	7 Addicess. 7 G G Tarrette C Tarr			
refu	and for excess contributions.	City, State, Zip Code: EAST ORANGE NJ 07	018		
	To establish a right to this cred	it, claimants are required to complete the items below (info		scribed from W-2 for	ms enclosed
		come Tax return). Any items not substantiated by a W-2 or a			
		hheid for the Unemployment Insurance/Workforce Develop			
		ve Insurance withheld must be reported separately on all W			<b></b>
		ON FROM YOUR W-2 FORMS.	COLUMN A	COLUMN B	COLUMN C
	If the amount deducted by any	one employer exceeds the maximum for either UI/WF/SWI	, UI/WF/SWF	DISABILITY	FAMILY LEAVE
	disability insurance, or Family	Leave Insurance, insert the maximum in the appropriate	DEDUCTED	INSURANCE	INSURANCE
	Column(s) and contact that em	ployer for a refund of the balance of the deduction.		DEDUCTED	DEDUCTED
1A.		ZON HEALTHCARE SVCS INC			
		999690	- 00	1	0.6
	Private Plan #:	Wages: 36,447.	129.	1.	24.
-	- 1 1 1 TO 10 (2)	ET CORPORATION			
В.		215170			
		D 4 M 4	32.	,	
	Private Plan #:	Wages: /, 4 / 4 .	32.		
	For form to No.				
C.					
	Fed. Emp. I.D. #: Private Plan #:	Mogoe			
	Pilvate Flan #.	Wages:	ı		
D.	Employer's Name:				
	Fed. Emp. I.D. #:				
	Private Plan #:	Wages:	(		
	111440 114111.	7,0900			
Ε.	Employer's Name:				
	Fed. Emp. I.D. #:				
	Private Plan #:	Wages:			
F.	Employer's Name:				
ļ	Fed. Emp. I.D. #:		Ì		
	Private Plan #:	Wages:			
G.	* If additional space is require	ed, enclose a rider and enter the total on this line			
Ì			161.	1.	24.
_2.	Total Deducted: Add Lines 1/	A through 1G. Enter here.	101.		
ا	Ones of HAME (OVACE Disability	u tuangana and/an Familia Lamps Deskrations	128,78	60,60	24.24
3.	Coffect Olivarioani, Disabilit	y Insurance, and/or Family Leave Deductions	120,70	00.00	
4.	Deduct Line 3 Col. A from Lin	ne 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.	32.		
-7.	Doddor Elito o Coll. / Tirotti Elit	o iii oo, / iii zi, ko, ott i ago o, iiiio o i o iiio iio ii			
5.	Deduct Line 3 Col. B from Lir	ie 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.			
					A. T. Chap. Supples for September 1984
	Dadustling 2 Cal C from Lin	e 2 Col. C. Enter on Page 3, Line 53 of the NJ-1040			
6.	Deduct Fills 3 Cot. C Boll Fil	e & Out. O. Enter on Fage of Line 30 of the No-1040			
Lh	sereby apply for a credit for wor	ker contributions deducted in excess of \$128.78 for N.J. Ui/	WE/SWE and/or in a	excess of \$60.60 for	N.J. Disability
		1.24 for NJ Family Leave Insurance deductions by reason o			
		nd hereby submit the following statement of wages and dec		<u> </u>	
		The state of the s		•	
Cla	aimant's Signature:		Da	ate:	
1	045	NJ2450\$1	. —		

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Document Page 16 of 80



Tax 2013

Mammy O Sweet p

Sep
08-10-2019
08-10-2019
0463580336

Exh.b.+(c)

This Product Contains Sensitive Taxpayer Data

Request Date: 08-10-2019 Response Date: 08-10-2019 Tracking Number: 100463580336

Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2013

TAXPAYER IDENTIFICATION NUMBER:

XXX-XX-5931

SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1676

WILL MATH

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:

0.00

ACCRUED INTEREST: ACCRUED PENALTY:

0.00 0.00 AS OF: Aug. 05, 2019

AS OF: Aug. 05, 2019

ACCOUNT BALANCE PLUS ACCRUALS

(this is not a payoff amount):

0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS:

FILING STATUS: ADJUSTED GROSS Married Filing Separate

INCOME: TAXABLE INCOME: TAX PER RETURN: SE TAXABLE INCOME TAXPAYER: SE TAXABLE INCOME

SPOUSE: TOTAL SELF

EMPLOYMENT TAX:

RETURN NOT PRESENT FOR THIS ACCOUNT

TRANSACTIONS CYCLE

CODE EXPLANATION OF TRANSACTION

DATE

AMOUNT

No tax return filed

11-26-2018

\$0.00

520 Bankruptcy or other legal action filed

This Product Contains Sensitive Taxpayer Data



# 2013 Income Tax Return

#### Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2013 income tax return.

You can view the status of your e-filed tax return by signing in to your account at www.freetaxusa.com.

2014 tax preparation on FreeTaxUSA.com will be available starting in January of 2015.

We look forward to preparing your 2014 tax return.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered/08/15/19 09:12:129 Desc Main Document Page 18 of 80 Extra Department of the Treasury-Internal Revenue Service (99)

	U.S	individual Incol				)13	OMB	No. 1545-0	074   IRS U	se Only	/Do not write or staple in	n this space.
For the year Jan. 1-0	-	13, or other tax year beginning	NAMES OF THE OWNER	***************************************		013, ending		, 20	- War	CONTROL CONTROL CONTROL	See separate instru	T. P. C.
Your first name and	initial		Last name								Your social security	
WILLIE			MATHI	S							137 72 59	31
If a joint return, spo	ouse's fir	st name and initial	Last name						•		Spouse's social securit	ty number
								~~~			146 70 16	76
		street). If you have a P.O. bo	ox, see Instru	ictions.					Apt. no	).  }	Make sure the SSI	
		RISON ST and ZIP code. If you have a fore	aigy addraga	dala	** *** ** !* !						and on line 6c are	
			agn address,	аво сотріе	te spaces be	iow (see insi	iructions)				Presidential Election (	
EAST ORA	·	NJ 07018		Foreign	province/sta	ato/oountu		T East	eign postal c	lo	Check here if you, or your spo ointly, want \$3 to go to this fo	und. Checking
t otolgit oddritty mai				Toleign	provincerate	ate/Courily		1100	agn postar c	ļ a	a box below will not change y efund, You	our tax or Spouse
Filing Status	1	Single	<del></del>			4	☐ Hei	ad of house	hold (with a	ualifylr	ng person). (See instruc	
i iiiig Otatas	2	☐ Married filing jointly	even if only	one had	income)						ut not your dependent,	
Check only one	3	Married filing separa				е	chil	d's name h	ere. 📂			
box.		and full name here.				5				h dep	endent child	
Exemptions	6a		ne can clai	m you as	a depend	ent, <mark>do n</mark> o	ot chec	k box 6a			Boxes checked on 6a and 6b	1
-	<u>b</u>		·	<u> </u>	<u> </u>		<u>· ·</u>				No. of children	
	C (4) 5:		so	2) Depende cial security (		(3) Depen- relationship		qualifying	child under ag for child tax o		on 6c who: • lived with you	
	(1) Firs	t name Last name						(see	instructions)		<ul> <li>dld not live with you due to divorc</li> </ul>	
If more than four											or separation (see instructions)	
dependents, see				+	<del></del>				<del></del>		Dependents on 6	c
instructions and check here ▶ ☐										}*************************************	not entered above	e
discontinuo >	d	Total number of exemp	otions claim	ned				L	<u></u>		Add numbers on lines above	1
Income	7	Wages, salaries, tips, e			·*/bi-//*ellocitedenosevanian	+ .		************		7	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Para de la companya d
811000110	8a	Taxable interest. Attac	h Scheduie	B if requ	ired		. ,			8a	3	
Attack Passaria	b	Tax-exempt interest. I	<b>)o not</b> inclu	ide on lin	e 8a	. 8b		-				
Attach Form(s) W-2 here, Also	9a	Ordinary dividends. Att	ach Sched	ule B if re	quired .		. , , ,			9a	<b>3</b>	-
attach Forms	b	Qualified dividends .				. 9b				_		
W-2G and 1099-R if tax	10	Taxable refunds, credit								10		
was withheld.	11									11	·····	
	12 13	Business income or (loss). A							##T0.00#	12		<u>,264.</u>
If you did not	14	Capital gain or (loss). A Other gains or (losses).				-		eck nere		13		·
get a W-2,	15a	IRA distributions .	15a	1114151.		ì	 ıxable a	mount		15k		
see instructions.	16a	Pensions and annuities	16a		<del></del>		ixable a			161		*****
	17	Rental real estate, roya		erships. S	corporation				nedule F	17		
	18	Farm income or (loss).		-						18	***	
	19	Unemployment comper								19	,	
	20a	Social security benefits	20a			b Ta	xable a	mount .		20b	3	
	21	Other income. List type		~ ~ ~ ~ ~ ~ ~ ~ ~					*******	21	**************************************	
www.www.www.www.www.www.www.www.www.ww	22	Combine the amounts in t	he far right o	olumn for	lines 7 thro	1	is is you	r total inc	ome 🕨	22	-41,	,264.
Adjusted	23	•					ļ			-		
Gross	24	Certain business expenses		-	-						İ	
Income	05	fee-basis government offic				24	ļ			-	-	
	25	Health savings account				. 25			······································	-		
	26 27	Moving expenses. Attac Deductible part of self-em				. 26		trifoche en emitetrihabilite encennenaeue		-		
	28	Self-employed SEP, SIN	_			. 27				-	ļ	
	29					29	<del> </del>			-		
	30	Self-employed health insurance deduction 29  Penalty on early withdrawal of savings						1				
	31a	Alimony paid b Recipie		T 1		31a	1			1		
	32	IRA deduction				. 32	1	,	· · · · · · · · · · · · · · · · · · ·	1		
	33	Student loan interest de					T			1		
	34	Tuition and fees. Attach				***************************************				]		
	35	Domestic production activ					1			]	***************************************	
	36	Add lines 23 through 35							, .	36		0.
	37	Subtract line 36 from line	e 22. This is	s your <b>adj</b>	justed gro	ss incom	10 .		. 🕪	37	-41.	264.

# Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Document Page 19/01 80 JKS

Desc XVII	Main	(6	
,			_

Form 1040 (20	13) WI.	LLIE MATHIS	<u> 137</u> .	-72-5931	Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	. ] 38	-41.	,264
Credits	39a	Check			
Oreans	·	if: Spouse was born before January 2, 1949, ☐ Blind, checked ▶ 39a		ļ	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 3	9b[]		
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	. 40	) 6	,100
• People who	41	Subtract line 40 from line 38	. 41		,364
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instruction	ons <b>42</b>		,900
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	. 43		0
claimed as a	44	Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c	44	ı	0
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	. 45		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
instructions.	46	Add lines 44 and 45	▶ 46	;	0
<ul> <li>All others:</li> <li>Single or</li> </ul>	47	Foreign tax credit. Attach Form 1116 if required			
Married filing	48	Credit for child and dependent care expenses, Attach Form 2441 48			
separately, \$6,100	49	Education credits from Form 8863, line 19			
Married filing	50	Retirement savings contributions credit. Attach Form 8880 50			
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required 51	- Indiana Line		
widow(er),   \$12,200	52	Residential energy credits. Attach Form 5695 52			
Head of	53	Other credits from Form: a 3800 b 8801 c 53			
household, \$8,950	54	Add lines 47 through 53. These are your total credits	. 54		0
( 40,000	<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-			0
Other	56	Self-employment tax. Attach Schedule SE	. 56		
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	. 57		
IGNES	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	. 58		
	59a	Household employment taxes from Schedule H	. 59a	1	
	b	First-time homebuyer credit repayment, Attach Form 5405 if required	. 59b	)	
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	60		
	61	Add lines 55 through 60. This is your total tax	▶ 61		Electric de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de l
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62			
( "	63	2013 estimated tax payments and amount applied from 2012 return 63			
If you have a qualifying	64a	Earned income credit (EIC) NO 64a			
child, attach	b	Nontaxable combat pay election 64b			
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812 65			
	66	American opportunity credit from Form 8863, line 8 66			
	67	Reserved ,			
	68	Amount paid with request for extension to file 68			
	69	Excess social security and tier 1 RRTA tax withheld 69			
	70	Credit for federal tax on fuels. Attach Form 4136 70			
	71	Credits from Form: a 2439 b Reserved c 8885 d 71			
PS		Add lines 62, 63, 64a, and 65 through 71. These are your total payments	<u>▶ 72</u>		0.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpa	,		***************************************
	_	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here .     Design		-	-
Direct deposit? See		Routing number C Type: Checking Savin	gs		
instructions.		Account number			
Amount		Amount of line 73 you want applied to your 2014 estimated tax ▶   75    Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions			0
You Owe		ı i .	▶ 76		0.
<u> </u>		Estimated tax penalty (see instructions)	Vac Car	Zi walada talar	F) N1-
Third Party				_	∐ No
Designee	Desi- nam-		dentification	<b>b.</b>	
Sign	×	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an	THE RESERVE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA	of my knowledge and	helief
Here	they	are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has	any knowledge.	Jones,
Joint return? See	Your	r signature Date Your occupation	Dayti	ime phone number	
instructions.	A	OWNER			
Keep a copy for	Spot	use's signature. If a joint return, both must sign. Date Spouse's occupation	if the I	RS sent you an Identity Pr	otection
your records.	<b>*</b>		PIN, ei	nter it see inst.)	
Paid	Print	/Type preparer's name Preparer's signature Date		r PTIN	aramemental (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
Preparer		SELF-PREPARED	Chec seif-e	k L if	
Use Only	Firm'	's name ▶ Firm's EIN ▶			
woo willy	Firm'	s address ▶ Phone no.	-driven de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company		
		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		Form <b>104</b> !	0 (2013)

Case 18-33158-JKS

Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document / Page 2/0 08/80 KS Exhibit (

#### SCHEDULE C (Form 1040)

Department of the Treasury

### Profit or Loss From Business (Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

Attachment

HILEHIA	Heverine Selvice (88)		411) Of 107	ı baı	minima generally mat me i or				Sequ	ence No	). <b>U</b> S	
	of proprietor			-		- 1			-	ber (SSI	۷)	
MIL	LIE MATHIS					_ [ ]	137-72-5931					
Α	Principal business or profession	* '	service (se	e instr	ructions)	- 6	Ente			struction	E	
	VENIENCE STORE &	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				_	/05/04/10/05/05/04/P				lolol	
C	Business name. If no separate	e business name, leave t	olank.			D	Emp	oyer ID	numbe	e <b>r (EIN),</b> (: I	see Instr.)	
MOM E	MYO SWEET SHOP		2200 0	(CD 2) 3.3	T TIP ENTITY A ON			!		<u>i_</u>		
	Business address (including s											
ger	City, town or post office, state		JNION,		Other Januaif A B							
F					2013? If "No," see instructions fo	lima				77 Yes	□No	
G H					2013? II 140, See Instructions to						L	
l I					n(s) 1099? (see instructions)					] Yes	X No	
j					to room to continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the con					Yes	∏No	
Par		0109011001			and a stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger of the stranger	entrolari en						
1		nstructions for line 1 and	check the	box if	this income was reported to you	on						
•					i		1			74	,466.	
2	Returns and allowances	- •				. [	2				<u> </u>	
3	Subtract line 2 from line 1 .					. [	3			74	,466.	
4	Cost of goods sold (from line	42)				. [	4			95	,204.	
5	Gross profit. Subtract line 4	from line 3				. [	5			-20	,738.	
6	Other income, including feder	al and state gasoline or	fuel tax cre	dit or i	refund (see instructions)	,	6					
7		nd 6			na ann an ann an ann an an ann an an an		7	<u></u>		-20	<u>,738.</u>	
Pairi	UK Expenses	Enter ex		or bus	iness use of your home only	on	line (	<u>30.</u>				
8	Advertising	8	634.	18	Office expense (see instructions	-	18					
9	Car and truck expenses (see			19	Pension and profit-sharing plans	.	19	<u></u>				
	instructions)	9		20	Rent or lease (see instructions):	Ì		ĺ				
10	Commissions and fees .	10		а	Vehicles, machinery, and equipme	ľ	20a	ļ				
11	Contract labor (see instructions)	11		b	Other business property	ľ	20b	<b></b>			<u>,812.</u>	
12	Depletion	12		21	Repairs and maintenance		21				432.	
13	Depreciation and section 179 expense deduction (not	}		22	Supplies (not included in Part III)	ı.	22				<u>,366.</u>	
	included in Part III) (see	اما		23	Taxes and licenses	_ h	23		·		250.	
	instructions)	13		24	Travel, meals, and entertainment	1	04					
14	Employee benefit programs	4.4		a	Travel	•	24a					
4 E	(other than on line 19) . Insurance (other than health)	15 3	,600.	b	Deductible meals and entertainment (see instructions)		24b					
15 16	Insurance (other than health)	10   11	.,000.	25	Utilities	•	25			8	,432.	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits		26				1402.	
b	Other	16b		27a	Other expenses (from line 48) .	-1	27a					
17	Legal and professional services	17		b	Reserved for future use		27b					
28		<del></del>	nome. Add	lines 8	B through 27a		28		inert Austreck verälte füre	20	,526.	
29	Tentative profit or (loss). Subtr					.	29		.,		,264.	
30	Expenses for business use o	f your home. Do not re	port these	expe	nses elsewhere. Attach Form 882	9 [	No New York Control	Different professional professional				
	unless using the simplified me					Ì						
	Simplified method filers only	: enter the total square f	ootage of:	(a) you		_						
	and (b) the part of your home of	used for business:			. Use the Simplified							
	Method Worksheet in the instr	uctions to figure the am	ount to ente	er on l	ine 30	-	30			y.		
31	Net profit or (loss). Subtract	line 30 from line 29.				-						
	<ul><li>If a profit, enter on both Form</li></ul>	n 1040, line 12 (or Form	1040NR, lir	ne 13)	and on Schedule SE, line 2.	- 1	ļ					
	(If you checked the box on line		es and trust	ts, ente	er on Form 1041, line 3.	Ĺ	31	-		-41	,264.	
	• If a loss, you must go to line				<b>,</b>							
32	If you have a loss, check the b				, i							
	If you checked 32a, enter the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se				1		29a [	7] <sub>Ан</sub> :	nyant	ment ic	at risk.	
	on Schedule SE, line 2. (If you		e 1, see the	e line 3	11 instructions), Estates and		oza <u>⊧</u> 32b [				at risk. It is not	
	trusts, enter on Form 1041, lin		ur loce m-	u ha it	mited		week!	at ri				

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Exhibit (c)

Paliti	III Cost of Goods Sold (see instructions)			
33 34	Method(s) used to value closing inventory:  a \( \times \) Cost b \( \times \) Lower of cost or market c \( \times \) Other (attack) there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ry?	splanation)	[X] No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		30,000
36	Purchases less cost of items withdrawn for personal use	36		63,884
37	Cost of labor. Do not include any amounts paid to yourself	37		runti tar eta santan mararifetzaran da sensaren 1909.
38	Materials and supplies	38		1,320
39	Other costs	39	an ang ang tanggan kanggan ang manggan ang kanggan ang kanggan ang kanggan ang kanggan ang kanggan ang kanggan	amenteksellel all hellen little eine kommen i stelle
40	Add lines 35 through 39	40		95,204
41	Inventory at end of year	41		anni ann ann an ann an an an an an an an an
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42	enganga an syangan manan a sahari arinah masa Sahari Masabi Sahir Sahari Sahir Sahari Sahari Sahari Sahari Sah	95,204
Pajai	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.	truc line 1	k expenses o 3 to find out i	n line 9 f you must
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your	vehicle	for:	
a	Business b Commuting (see instructions) c	Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
45	Was your vehicle available for personal use during off-duty hours?		[] Ves	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	[] No
47a	Do you have evidence to support your deduction?	, ,	Tyes	□ No
b	If "Yes," is the evidence written?		, [] Yes	No
Part		10 30		and the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sec
			top payment of the second section of an effective section section section.	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
parameter (free				
	100000000000000000000000000000000000000			
		an ny aligare a	والمنافع والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمناف	
			and a contract of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	an and the transport response to the second second to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
			da ka 1555gan cina salambaranna. Marana aminyayididi di na jarihid yandid	ngg ang ang ang ang pandhanggap da mang ang ang mana di stanang
£4-847				
				and a second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control o
				over-men transmission ( ) and the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of
Luzarra			annessen sydy after depthelipsed in the server enteredirector to the server in the	and of the Market of Market of Market of Market of Market of Market of Market of Market of Market of Market of
48	Total other expenses. Enter here and on line 27a	48		

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Document Page 22 of 80 Case (8-33/58-1/CS



This Product Contains Sensitive Taxpayer Data

Request Date: 08-10-2019 Response Date: 08-10-2019 Tracking Number: 100463580808

Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2014

TAXPAYER IDENTIFICATION NUMBER:

XXX-XX-5931

SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1676

WILL MATH

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:

ACCRUED INTEREST: ACCRUED PENALTY:

0.00

0.00

AS OF: Aug. 05, 2019 AS OF: Aug. 05, 2019

ACCOUNT BALANCE

PLUS ACCRUALS (this is not a

payoff amount):

0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

**EXEMPTIONS:** 

FILING STATUS:

Married Filing Separate

ADJUSTED GROSS INCOME:

TAXABLE INCOME:

TAX PER RETURN: SE TAXABLE INCOME

TAXPAYER:

SE TAXABLE INCOME

SPOUSE:

TOTAL SELF

filed

EMPLOYMENT TAX:

RETURN NOT PRESENT FOR THIS ACCOUNT

TRANSACTIONS

CODE EXPLANATION OF TRANSACTION No tax return filed

CYCLE

DATE

AMOUNT

520 Bankruptcy or other legal action

11-26-2018

\$0.00

This Product Contains Sensitive Taxpayer Data

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main 2013

Document Page 23 of 80 (USC 18-33/58-5/5)



This Product Contains Sensitive Taxpayer Data

TAX Superate Exhabit (D)

Request Date: 08-14-2018 Response Date: 08-14-2018 Tracking Number: 100403415776

Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2013

TAXPAYER IDENTIFICATION NUMBER:

146-70-1676

SPOUSE TAXPAYER IDENTIFICATION NUMBER: 137-72-5931

EVELYN E MATHIS

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:

0.00

ACCRUED INTEREST: ACCRUED PENALTY:

0.00

AS OF: Mar. 24, 2014 AS OF: Mar. 24, 2014

0.00

ACCOUNT BALANCE PLUS ACCRUALS

(this is not a payoff amount):

0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS:

FILING STATUS; ADJUSTED GROSS Married Filing Separate

INCOME: TAXABLE INCOME:

47,016.00 25,563.00

TAX PER RETURN: SE TAXABLE INCOME 3,390.00

TAXPAYER: SE TAXABLE INCOME 0.00

SPOUSE:

0.00

TOTAL SELF

0.00

EMPLOYMENT TAX:

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) PROCESSING DATE

Apr. 15, 2014

Mar. 17, 2014

TRANSACTIONS

CODE 150	EXPLANATION OF TRANSACTION Tax return filed 16221-453-87358-4	CYCLE	DATE 03-17-2014	AMOUNT \$3,390.00
806	W-2 or 1099 withholding		04-15-2014	-\$4,007.00
846	Refund issued		03-03-2014	\$617.00
898	Refund applied to non-IRS debt: \$499.11		03-17-2014	\$0.00

This Product Contains Sensitive Taxpayer Data

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Case 18-33158-JKS Document Page 24 of 80

<b>E 1040</b>		nent of the Treasury—Internal . <b>Individual Inc</b> C			20	13	OWB N	lo. 1545-	0074	IRS Use (	Daly—E	Do not valte or staple l	n this s	расе.
For the year Jan. 1-Da	na na na na na na na na na na na na na n	3, or other tax year beginning			, 201	3, ending	n na na na na na na na na na na na na na	, 20	)	<del></del>	Se	e separate instr	uction	าธ.
Your first name and			Last name		·						Yo	ur social security	numk	oer
Evelyn E			Mathi	g							114	46-70-1676		
If a loint return, spor	use's first	name and initial	Last name		· <del></del>						Sp	ouse's social secur	ty nun	nber
– ,, -,-											113	37-72-5931		
Home address (num	iber and	street). If you have a P.O.	box, see instr	uctions.					1	Apt. no.		Make sure the SS	N(s) a	bove
75 South E	Harri	son St							2		4	and on line 6c a	e con	rect.
		and ZIP code. If you have a f	oreign address,	, also complete s	oaces be'o	w (see instr	uctions).				P	residential Election	Camp	oaign
East Orang	ge NJ	07018										ck here if you, or your s ly, want \$3 to go to this		
Foreign country nar	ne	THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF TH		Foreign pro	vince/state	e/county		Fo	relgn p	ostal code		x below will not change		
											refur	id. You	S	pouse
Filing Status	1	☐ Single				4	🗌 Неа	d of hous	sehold	nup dilw)	lifying	person), (See Instru	atlons	s.) If
i mily otatus	2	Married filing jointly	y (even if on	ly one had inc	come)		the d	qualifyinç	j perso	n is a chil	d but	not your dependen	, ente	r this
Check only one	3	Married filing sepa						d's name					where the	
box.		and full name here	.▶ will:	ie L Mat	his	5	🔲 Qua	alify <b>i</b> ng v	viciow(	er) with o	Jepen	dent child	<del></del>	***************************************
Exemptions	6a	Vourself. If some	eone can cla	alm you as a d	depende	nt, do no	t checl	k box 6	∄		. }	Boxes checked on 6a and 6b	l	1
	b	Spouse			<del></del> .		<u>-</u>			****		No. of children		
	C	Dependents:		(2) Dependent's		(3) Depend				nder age 1 Eld tax crec		on 6c who: • lived with you		
	(1) First	name Last nam	8	ocial security num	iber r	elationship i	o yau		e instru			did not live wit you due to divar	h _	·········
17				····					<u> </u>			or separation		
If more than four dependents, see										· · · · · · · · · · · · · · · · · · ·		(see instruction: Dependents on		
Instructions and												not entered abo		
check here 🕨 🔲								<u> </u>	<u> </u>			Add numbers o	n [	1
	d	Total number of exen					, ,			· · · · · · · · · · · · · · · · · · ·		lines above	<u> </u>	
Income	7	Wages, salaries, tips,									7	4	,01	16,
	8a	Taxable interest. Atta		-			,		• •	٠ }	8a			, · · · · · ·
Attach Form(s)	b	Tax-exempt interest				86	<u> </u>				_			
W-2 here. Also	9a	Ordinary dividends. A	Attach Sche	dule B if requ	ired .	, , ,	1			. }	9a			
attach Forms	b	Qualified dividends				. <u>9</u> b						ļ		
W-2G and	10	Taxable refunds, cred				icome ta	xes			· [	10			
1099-R if tax was withheld.	11	Alimony received .				• • •				F-	11			
	12	Business income or (								Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Commit	12			,
If you did not	13	Capital gain or (loss).							3 ₽>		13 14			
get a W-2,	14	Other gains or (losses	1	orm 4797 .	,	1			٠ ،	· }				
see instructions.	15a	IRA distributions .	15a	***************************************			xable ai			· •	15b	[		***************************************
	16a	Pensions and annuitie	<u> </u>		wasta		xable ai		, , nhanh		16b 17			
	17	Rental real estate, roy		• •	•					1	18			
	18 19	Farm income or (loss) Unemployment comp								Г	19			
	20a	Social security benefit				1		mount		1	20b	<del> </del>		
	21	Other income. List ty		unt						r	21			
	22	Combine the amounts i			es 7 throu	gh 21. Th	is is you	ir total ir	icome	<b>P</b>	22	4.	,01	6.
And the Antonia was a second	23	Educator expenses		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	CANADA MARKATAN	23		***************************************						
Adjusted	24	Certain business expens	es of reservis	sts, performing	artists, an	ıd								
Gross		fee-basis government of				24					1			
Income	25	Health savings accou				. 25		A. III PORTO			Ì			
	26	Moving expenses, At	tach Form 3	903		. 26								
	27	Deductible part of self-e	mployment t	ax. Attach Sch	edule SE	. 27		hall control of the second						
	28	Self-employed SEP, S	SIMPLE, and	f qualified pla	ins .	. 28								
	29	Self-employed health	insurance d	leduction .		. 29								
	30	Penalty on early without	Irawal of sav	vings		. 30								
	31a	Alimony paid <b>b</b> Recip	olent's SSN	▶		31a	<u> </u>							
	32	IRA deduction				. 32	<u> </u>	_			\ 			
	33	Student loan interest	deduction .	·, , , ,						maining designs the Startly				
•	34	Tultion and fees. Atta					<u> </u>							
	35	Domestic production as	tivities dedu	ction. Attach F	orm 8903	35								
	36	Add lines 23 through								·	36	max margadole resis of the Salahan Web Salahan Salahan Salahan Salahan Salahan Salahan Salahan Salahan Salahan		<b>,</b>
	07	College at the 20 feater	U 00 This	وووائده برياديا جار	atad ava	aa inaan				Bb⊳ Í	27	・ オウ	0.3	6

# Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Documents / Page 25/05/80

				Page 2
Form 1040 (2013)	The second second	Amount from line 37 (adjusted pross income)	38	47,016.
Tax and	38	Amount for incore (acquired green state)		
Credits	39a	Glieck   Dind shocked > 30a		
	ı .	if: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	
Standard Deduction	b	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,553.
for—	40 41	Subtract line 40 from line 38	41	29,463.
<ul> <li>People who is check any</li> </ul>	42	Exemptions. If the 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
box on line 39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	25,563.
who can be claimed as a	44	Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c	44	3,390.
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see instructions.	46	Add lines 44 and 45	46	3,390.
All others:	47	Foreign tax credit. Attach Form 1116 if required 47	- }	
Single or Married filing	48	Credit for child and dependent care expenses. Attach Form 2441	-	
separately, \$6,100	49	Education credits from Form 8863, line 19	1	l
Married filing	50	Retirement savings contributions credit. Attach Form 8880 50	-	l
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required	-	· · · · · · · · · · · · · · · · · · ·
widow(er), \$12,200	52	Residential energy credits. Attach Form 5695	-	
Head of	53	Other credits from Form: a 3800 b 8801 c 53	54	ı
household, \$8,950	54	Add lines 47 through 53. These are your total credits	55	3,390.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	56	
Other	56	Self-employment tax. Attach Schedule SE	57	
Taxes	57	Dillegibility accounts and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and most and mos	58	
H CONTO	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59a	
	59a	Household employment taxes from Schedule H	59b	
	b	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	60	
	60	Add lines 55 through 60. This is your total tax	61	3,390.
	61	Federal income tax withheld from Forms W-2 and 1099 . 62 4,007.		
Payments	62 \ 63	2013 estimated tax payments and amount applied from 2012 return  63		
If you have a	64a	Earned income credit (EIC)	_	
qualifying	b	Nontaxable combat pay election 64b		
child, attach Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812 65		
Scriedale Elo:	66	American opportunity credit from Form 8863, line 8		
	67	Reserved	_	
	68	Amount paid with request for extension to file	_	
	69	Excess social security and tier 1 RRTA tax withheld		
	70	Credit for federal tax on fuels. Attach Form 4136	-	
	71	Credits from Form: a 2439 b Reserved c 8885 d 71		4 007
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	4,007.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	617.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	01.7.
Direct deposit?	<b>b</b> b	Routing number 1 1 4 9 2 4 7 4 2 Checking Savings		
Sea Instructions.	<b>⊳</b> d	Account number 9 8 2 2 1 2 8 5 2 9 9 7 7		
	75	Amount of line 73 you want applied to your 2014 estimated tax ▶	76	
Amount	76	7 I		
You Owe	77		s. Com	iplete below. 🔀 No
Third Party	y D	o you want to allow another person to disease the total than the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the s		
Designee		esignee's number (PIN)		<b>&gt;</b>
Sign		diffe P	the best	of my knowledge and belief,
Here	th	nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and re ley are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prej	arer has	any knowledge.
Here		our signature Date Your occupation	Dayti	lme phone number
Joint return? Ser	a 👠 🗋	cash suspence clerk		73)609-3490
instructions. Keep a copy for	S	if the	IRS sent you an Identity Protection enter it	
your records.	<i>y</i>	pouse's signature. If a joint return, both must sign. Date Spouse's occupation	f.ere (	see inst.)
	P	rint/Type preparer's name Preparer's signature Date	Cher	ok Dif
Paid			sell-	employed
Preparer	Fi	im's name ▶ Self-Prepared Fim's EIN ▶	<del></del>	ANNE DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR D
Use Only		Phone no.		C 4040 (0.40)
Charles William Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Ch	***************************************	REV 02/14/14	TTO	Form 1040 (2013)

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Education (D)

SCHEDULE (Form 1040		Itemized Deductions	à			OMB No. 1545-0074
Department of the Internal Revenue S	ervic:	(99) ► Attach to Form 1040.	is at	www.irs.gov/schedule	a.	2013 Attachment Sequence No. <b>07</b>
Name(s) shown o			was a and and a second or		Yo	ur social security number
Evelyn E	Ма	**************************************		e graves browning i 22 of or the twee with removement of the covery transformation and the contract of the course	14	16-70-1676
Medical		Caution. Do not include expenses reimbursed or paid by others.	1.			
and	1		1		-	1
Dental	5		-			ļ
Expenses	7	born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3			•
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	A ville per you		4	
Taxes You	5	State and local (check only one box):	T	4		
Paid		a 🗵 Income taxes, or	5	1,241.		
		b General sales taxes	-		7	
	6		6	13,000.		
	7		7	73.	-	
	8	Other taxes. List type and amount	8			
	9	Add lines 5 through 8		ALAMA (CAROLINA ARTICLA MARTINIA ARTICLA CAROLINA ARTICLA	9	14,314.
Interest	10		110		ש	14,314.
You Paid		Home mortgage interest not reported to you on Form 1098. If paid	1.0	<u>0.</u>	1	
		to the person from whom you bought the home, see instructions				
Note. Your mortgage		and show that person's name, identifying no., and address ▶				
interest			}		1	
deduction may			11			
be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for				
	13	special rules	12	0.000	-	
	14		13	2,200.		
		Add lines 10 through 14	[4]		15	2,200.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,	ΤĖ	THE SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECON		27200.
Charity		see instructions.	16	900.		
lf you made a	17	Other than by cash or check. If any gift of \$250 or more, see		<u>-</u> -		,
gift and got a benefit for it.	4.5	instructions. You must attach Form 8283 if over \$500	17	A Selder Select Transfer to the magnetic manner of the first of the magnetic manner.		
see instructions.	18	Carryover from prior year	18			
Casualty and	19	Add lines 16 through 18	 	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	19	900.
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
loh Expenses	21	Unreimbursed employee expenses—job travel, union dues,	ΪÌ	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	20	······································
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Viscellaneous		(See Instructions.) ▶ Uniforms and protective clothing	21	879.		
Deductions	22	Tax preparation fees	22	200.		
	23	Other expenses—investment, safe deposit box, etc. List type				
		and amount				
	9.4	Add lines 21 through 23	23	1 070		
	25	Enter amount from Form 1040, line 38 25 47, 016.	24	1,079.		
	26	Multiply I ne 25 by 2% (.02)	26	940.	}	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter		CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	27	139.
)ther	28	Other—from list in instructions. List type and amount ▶	BENETYLDI-KM	A SECTION COLUMN TO COLUMN TO COLUMN SECTION S		And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
liscellaneous						
eductions	-				28	THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
	29	Is Form 1040, line 38, over \$150,000?			-	
temized Jeductions		Mo. Your deduction is not limited. Add the amounts in the far	right		100	
- www.uuii0		for lines 4 through 28. Also, enter this amount on Form 1040, Yes. Your deduction may be limited. See the Itemized Deduc			29	17,553.
		Worksheet in the instructions to figure the amount to enter.	แดกร	]		
	30	If you elect to itemize deductions even though they are less th	an v	our standard	- [	

deduction, check here

Case 18-33158-JKS Doc 53 Filed 08/14/19, Entered 08/16/19 09:12:09 Desc Main Document / 8 Page 29 of 80 / S X / D. F



NJ-1040 2013 Page 1



#### STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. — Dec. 2013 or Other Tax Year

Beginning \_\_\_\_\_\_\_, 20\_\_\_\_ Month Ending \_\_\_\_\_\_\_, 20\_\_\_
On-line Federal Extension Confirmation #\_\_\_\_\_\_\_

MATHIS EVELYN E

75 SOUTH HARRISON ST APT 2

EAST ORANGE

NJ 07018

0705

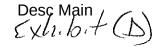
1555

146701676 137725931



and statemer	nalties of perjury, I declare that I have examints, and to the best of my knowledge and belicater, this declaration is based on all informations.	Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI  Mail your return in the envelope provided and affix the appropriate orating label.	
> You Signatur	C Date	> Spouse-CU Partner's Signature (IP filed jointly both must sign)	If you have an amount due on Line 56, enclose your check and NI-1f40-V payment voucher with your return and use the label for PO Box 111.
It'enclosing co	py of death certificate for deceased faxpayer, check	box (See instruction page 13)	If not, use the label for PO Box 555.
Paid Preparer's		Federal Identification Number	You may also pay by e-check or credit card. See instruction page 11.
Firm's Name		Federal Employer Identification Number	
SELF	PREPARED		

# Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Documents Page 28 61/80 JKS (XII. b.+ ())





NJ-1040 (2013)

PAGE 2

MATHIS EVELYN E

146701676

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM

FILING STATUS  1. SINGLE  2. MARRIED/CU COUPLE FILING JOINT RETURN  3. MARRIED/CU COUPLE FILING SEPARATE RETURN  4. HEAD OF HOUSEHOLD  5. QUALIFYING WIDOW(ER)-SURVIVING CU PARTNER  CHECKBOXES FOR EXEMPTIONS  REGULAR  SPOUSE CUPARINER  DDMESTIC PARTNER  DDMESTIC PARTNER  10. NUMBER OF OTHER DEPENDENT CHILE  11. DEPENDENTS ATTENDING COLLEGE  12A. TOTAL (LINE 12A - ADD LINES 6. 7. 8. AND 1  BLEND OR DISABLED  VOURSELF  SPOUSE CU PARTNER  12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)		1
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR) LAST NAME, FIRST NAME, MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH Y	ΈΛR	HEALTH INS IND
Α.		
B.		•
C.		
D.		
CUBERNATORIAL FLECTIONS FUND DO YOU WISH TO DESIGNATE SLOF YOUR TAXES FOR THIS FUND? YES	N	0 ~
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?  YES		0 X 0
FORMS RESERVED. DOES YOUR SPOOSEST, O PARTINGS WISH TO DESIGNATE ST:	, ,	·
14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W2) HE SURE TO USE STATE WAGES FROM HON 16 OF YOUR W2/S1/SET INSTR.)	14.	49695
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,566)	15A.	•
15B. TAX EXEMPT INTEREST (NCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULF) DO NOT IXCLUDE ON LINE 15A	15B.	•
16. DIVIDENDS	16.	
17. NET PROFITS FROM BUSINESS (SCHEDULE NI-BUS-I, PART I, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1949)	17.	v
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B. LINE 4)	18.	•
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20)	19A.	•
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	19B.	•
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ/BES-1, PART II), LINE 4) (SEE INSTR. PAGE 21) ENCLOSE SCH. NEX-LOR CEDI RAL SCH. R-1)	20.	•
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SOIL NOBUS I, PART III, LINE 4) (SEE INSTR. PAGE 24) (ENCLUSE SCIL NEW FOR FEDERAL SCIL K-1)	21.	٠
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NI-BUS-1, PART IV, LINE 4)	22.	•
23. NET GAMBLING WINNINGS (SEE PASTRUCTION PAGE 24)	23.	•
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	•
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)	25. 26.	49695
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	27A.	49090
27A. PENSION EXCLUSION (SFE INSTRUCTION PAGE 25)	27B	·
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)	27C.	•
27C. TOTAL EXCLUSION AMOUNT (ADO LINE 27A AND LINE 27B)  28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)	28.	49695 .
	29.	1000 .
29. TOTAL EXEMPTION AMOUNT (SET INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6)  30. MEDICAL EXPENSES (SEE WORKSHELT AND INSTRUCTION PAGE 27)	30.	
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.	ř.
32. QUALIFIED CONSERVATION CONTRIBUTION	32.	
33. HEALTH ENTERPRISE ZONE DEDUCTION	33.	•
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NI-BUS-2, LINE 11)	34.	
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	1000 .
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	48695 .

195 Entered:08/16/19 09:12:09 Desc Main Page 29 of 80 S Doc 53 Filed 08/14/19 Pag Case 18-33158-JKS



pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

NJ-1040 (2013)

MATHIS EVELYN E

146701676

1555

PAGE 3

				1000	
Z.	040MP03130				
171	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37.4	۸.	6500	) .
	FILL IN OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2013	37B		000	
	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	370		5000	Э.
38.	NEW JERSEY TAXABLE INCOME (SURTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	38.		4369	
39.	TAX (FROM TAX TABLES, PAGE 52)	39.		92:	1.
	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	40.		-	
40. 41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.			
	JURISDICTION CODE (SEE INSTRUCTIONS)	41.5			
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	42.		923	1.
43.	SHELTERED WORKSHOP TAX CREDIT	43.			
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 4) FROM LINE 42)	44.		921	1.
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKS) AND INSTITUTED TO USE TAX, EVIER ZO	eno 45,		(	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.			
	FILL IN IF FORM 2310 IS ENCLOSED	46.	١.		
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.		92	1.
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (FINCLOSE FORMS W-2 AND 1099)	48.		1035	5.
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.			
50,	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2012 TAX RETURN	50.			
51.	NEW JERSEY FARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.			
	FILL IN THE BOX IF YOU HAD THE RS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51 E	3.		
	FILL IN THE BOX IF YOU ARE A CU COUPLE CEARMING THE NJ EARNED INCOME TAX CREDIT	510			
52.	EXCESS NEW JERSEY UFSI/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NI-2450)	52.			
53,	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NI-2459)	53.			
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.			
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.		1035	5.
56.	DELING 22 TO LEGG THAN LINE 42 PATED ANGUNT VOLUMS	56.			
(0)	IT YOU OWE TAN, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES FO. 60, 61, 62, 63, 630 OR 64 AND ADDING THIS TO YOUR MY MENT AMO	BUNT			
57.	IF LINE 5S IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.		11	4 -
58.	YOUR 2014 TAX	58,			•
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.			•
60.	NEW JERSEY CHREDREN'S TRUST FUND	60.			•
61.	NEW JERSEY VIETNAM VETERANY MEMORIAL FUND	61.			•
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.			•
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63. 64.			•
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	640			•
	DESIGNATION CODE	65.			
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)			114	4
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.		<u> </u>	1 .
]	DIRECT DEPOSIT INFORMATION				
dd1.	RETUND CHECK BOX ("FOR REFUND, "FOR NO REFUND) ddl.		1		
	AUCOUNT TYPE ("C" FOR CHECKING, S" FOR SAVINGS) dd2.		C		
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd3.				
dd4.	ROUTING NUMBER de4.			114924742	
dd5.	ACCOUNT NUMBER dd5.		982	2128529977	1
dum.	DO NOT MAIL INDICATOR dam.				
pa.	POWER OF ATTORNEY INDICATOR BA.				

ndr.

#### Tay Payments Worksheet

2013

			iax	K <b>Pay</b> me ► Keep	for your r		.er			40 I s	<b>)</b>
	me(s) Shown on I elyn E Math			Appropriate Control of the Control o				1	ocial Sec 46-70-	urity Numb	er
Es	stimated Tax I	Payments for	<b>2013</b> (If	more tha	n 4 payr	nents for	any state	e or lo	cality, s	see Tax I	Help)
	Fede	eral		Sta	ıte			mention of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	Loca	<b>!</b>	
	Date	Amount	Dat	е	Amount	DI D	Da	te	Am	ount	ID
1	04/15/13		04/15	5/13			04/1	5/13			
2	06/17/13		06/17	7/13			06/1	7/13			
3	09/16/13		09/10	6/13		_	09/1	6/13			
4	01/15/14		01/1	5/14			01/1	5/14			<del></del>
5		2.02.00.00.00.00.00.00.00.00.00.00.00.00			·			<u></u>	Market Control		AVADALOP-AVACATION-
To	t Estimated										
	yments	17.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.000 11.00				<u> </u>		<b></b>			<u> </u>
	x Payments Ot multiple states,		holding	Fed	eral	Si	State ID Local		-ocal	ID	
6		s applied to 201									
8	Totals Lines	states and trust 1 through 7									
9  Ta	2013 extensio exes Withheld	ns				Federal		State	9	Lo	cal
10			r r f 1 1 1			4,00	07.	1	,035.		44.
11 12		3									
13		MISC and 109						a			
14 15		-1........ - NT, DIV and C			· \						
16		rity and Railroa									
17		3	St	Loc	]						
18	<ul><li>a Other withho</li><li>b Other withho</li></ul>		St	Loc		······					
	c Other withho	3	St	Loc				~~~			
	d Positive Adju		St	Loc				·			
	<ul><li>e Negative Ad f Additional M</li></ul>	justment   edicare Tay	St	Loc	_						<u> </u>
19		olding Lines 1	0 through	18f							
						4,00			035.		44.
20	Total Tax Pa	ayments for 20	713		<u> </u>	4,00	<i>11</i> .	<u> </u>	033.		44.
	ior Year Taxe			•		St	ate	ID	L	ocal_	iD

	or Year Taxes Paid in 2013 nultiple states or localities, see Tax Help)	State	ΔI	Local	ID
	m	1	ł		v
21	Tax paid with 2012 extensions				
22	2012 estimated tax paid after 12/31/2012	THE RESERVE TO SERVE	MALODENNA		
23	Balance due paid with 2012 return				
24	Other (amended returns, installment payments, etc)				
				l	

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document 3 Page 31 of 80

#### Schedule A Line 5

#### State and Local Tax Deduction Worksheet

2013

► Keep for your records

	ne(s) Shown on Return elyn E Mathis	Social Security Number		
Sta	ate and Local Income Taxes		<u> 1880 oo daa ka u>	
	State income taxes:		1 025	
1	State income tax withheld	1	1,035.	
2	2013 state estimated taxes paid in 2013	2		
3	2012 state estimated taxes paid in 2013	3		
4	Amount paid with 2012 state application for extension	4		
5	Amount paid with 2012 state income tax return	5 6		
6	Overpayment on 2012 state income tax return applied to 2013 tax	7	A ACCOMMON APPROXIMATION AND A STATE OF THE ACCOUNT.	
7	Other amounts paid in 2013 (amended returns, installment payments, etc.)	8		
8	State estimated tax from Schedule(s) K-1 (Form 1041)	0	MATERIAL PROPERTY AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	
	Local income taxes:	9	44.	
9	Local income tax withheld	10	17.	
10	2013 local estimated taxes paid in 2013	11		
11	2012 local estimated taxes paid in 2013	12		
12	Amount paid with 2012 local application for extension	13		
13	Overpayment on 2012 local income tax return applied to 2013 tax	14		
14 15	Other amounts paid in 2013 (amended returns, installment payments, etc.)	15	<u></u>	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16	A-CA-CA-CA-CA-CA-CA-CA-CA-CA-CA-CA-CA-CA	
10	Other:	1.0	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
17		17	162.	
18	Total Add lines 1 through 17	18	1,241.	
19	State and local refund allocated to 2013.	19	Shir F day it shir 6	
20	Nondeductible state income tax from line 28	20		
21	Total reductions Add lines 19 and 20.	21		
22	Total state and local income tax deduction Line 18 less line 21	22	1,241.	
No	ndeductible State Income Tax (Hawaii Only)			
23	Nontaxable federal employee cost of living allowance	23		
24	Adjusted gross income	24		
25	Add lines 23 and 24	25	***************************************	
26	Nondeductible percent. Line 23 divided by line 25	26	%	
27	Hawaii state income tax included in line 18	27		
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27	28		
		1		

### Charitable Contributions Summary ▶ Keep for your records

2013

Name(s) Shown on Return Evelyn E Mathis				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	Social Security 146-70-167	Number 6
Part   Cash Contrib	outions Sumi	mary		and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	A Longitude Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission	OCCUPATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF
Name of Charitable	Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use	
Victory at Sun	rise	900.	900.			
**************************************					, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	
Totals:	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	900.	900.			
Part II Non-Cash Co		<u> </u>		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-211-22-21-21	
		Total	Other F	Property	Capital Gai	n Property
Name of Charitable	Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
						+6
					\$	***************************************
PLANTOCEMENT CONTROL OF THE SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND STREET, SECOND S		**************************************				######################################
Totals:	tale-value on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the					historia siri a sociali kotavi, ki ki ki ki ki ki ki ki ki ki ki ki ki
Part III   Contribution	Carryovers t	o 2014				
	Total	C Non-Ca	ash and Othe apital Gain Pr	r operty	Capita Prop	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2013 contributions 2 2013 contributions	900.		900.			
allowed 3 Car <b>ryovers fro</b> m: a 2012 tax year	900.		900.	0.	0.	0.
b 2010 tax year c 2009 tax year						
d 2008 tax year e 2007 tax year 4 Carryovers		-				
allowed in 2013 5 Carryovers	0.	-	0.	<u> </u>	0.	0.
disallowed in 2013 6 Carryovers to 2014:	0.		0.	0.	0.	0.
a From 2013 b From 2012 c From 2010	0.	  -	0.	0.	0.	0.
d From 2009 e From 2008 f From 2007 (expired)						
Part IV   Special Situal	rest given for al ttached to any d any property do ne other than the erty or to posse	Il property donat charities's right onated to any ch ne charity the rig ssion of any of the	ed to all charit arity? tht to income f	ies?	. ▶ Yes	No X No X No X No

## Federal Carryover Worksheet ► Keep for your records

2013

Name(s) Show							ecurity Number 0-1676
2012 State	and Local Incon	ne Tax Informati	on (See Tax H	elp)			A COLOR OF BUILDING
(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e Paid \ Retu	With	(f) Total Over- payment	(g) Applied Amount
Totals				<u> </u>			
Other Tax a	ind income info	rmation				2012	2013
<ul> <li>Numb</li> <li>Itemiz</li> <li>Check</li> <li>Adjust</li> <li>Tax lis</li> <li>Altern</li> <li>Feder</li> </ul>	er of exemptions ed deductions . box if required the gross income ability for Form 2: ative minimum to all overpayment and all overpayment and exemples and exemples and exemples and exemples and exemples and exemples and exemples and exemples and exemples are described as a second exemples and exemples are exemples and exemples are exemples as a second exemples as a second exemples are exemples as a second exemples are exemples as a second exemples are exemples as a second exemples are exemples as a second exemples as a second exemples are exemples as a second exemples are exemples as a second exemples as a second exemples are exemples as a second exemples are exemples as a second exemple exemples as a second exemples are exemples as a second exemples as a second exemples are exemples as a second exemples as a second exemple exemples are exempl	for blind or over o itemize deducti 210 or Form 2210 ax	65 (0 - 4)		1 2 3 4 5 6 7 8		3 MFS 17,553. 47,016. 3,390.
***************************************	ontributions					2012	2013
b Spous 10 a Taxpa b Spous 11 a Taxpa	se's excess Arche eyer's excess Cove se's excess Cove eyer's excess HS	cher MSA contributer MSA contributer MSA contributer verdell ESA contributions a contributions as	ions as of 12/31 ibutions as of 1 outions as of 12/ s of 12/31	2/31 31	9 a b 10 a b 11 a b		
	xpense Carryo\ all entries as a p					2012	2013
b AMT i 13 a Long- b AMT i 14 a Net op b AMT i 15 a invest b AMT i	Short-term capital loss term capital loss _ong-term capital oerating loss ava Net operating los ment interest expressions interest expressions.	I loss	ward		12 a b 13 a b 14 a b 15 a b 16 a c d e f		

CaseDocoment / SRage B4Sof 80

CUSTOMER SERVICE: 800-717-7228

#### The Citizens Banking Company Refund Processing Agreement ('Agreement')

Name	Social Security No.
	146-70-1676

This Agreement contains important terms, conditions and disclosures about the processing of your refund by The Citizens Banking Company of Sandusky, OH ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2013 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK. The term 'Servicer' or 'Processor' refer to the BANK's third party processor, Santa Barbara Tax Products Group, LLC.

- 1. NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically. YOU UNDERSTAND THAT BANK CHARGES A REFUND PROCESSING SERVICE FEE OF \$29.99 TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING SERVICE FEE IS NOT A LOAN: IT IS DUE TO BANK WHETHER OR NOT THE REFUND PROCESSING SERVICE OCCURS, YOU CAN AVOID THIS FEE AND NOT USE BANK'S REFUND PROCESSING SERVICE BY, INSTEAD, PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2013 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND, IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR FEDERAL TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.
- 2. Authorization to Release Personal Information. You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK related to the funding of your 2013 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK, nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

#### 3. Summary of Terms

······································	
Expected Federal Refund	\$ 617.00
Less BANK Refund Processing Service Fee	\$ 29.99
Less TurboTax Fees	\$ 56.98
Less Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 530.03

<sup>\*</sup>These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, returned item and other processing fee (paid to BANK's Processor) as set forth in paragraphs 4 and 7 below.

146-70-1676 P	age 2
Svelyn E Mathis	-

- 4. Temporary Deposit Account Authorization. You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2013 federal tax refund from the IRS. BANK must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK to deduct from your Deposit Account the following amounts: (i) the BANK refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK to disburse the balance of the Deposit Account to you after making all authorized deductions or payments.
- 5. Acknowledgements. (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2013 federal tax refund or the date it will be issued, and (ii) BANK is not affiliated with the transmitter of the tax return (Intuit) and does not warrant the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK. (c) Your refund may ber held or returned to the IRS if it is suspected of fraud or identity theft.
- 6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2013 federal tax refund. We will charge the fees set forth in Section 3 including \$ 29.99 for opening and maintaining the Account. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. an Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by BANK to its Processor. Questions or concerns about the Deposit Account should be directed to: The Citizens Banking Company, 11085 North Torrey Pines road, Suite 210, La Jolla, CA 92037 or via the Internet at http://cisc.sbtpg.com.

7. Disbursement Method: You agree that the disbursement method selected below will be used by BANK to disburse funds to you.
a X Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. Additional fees will be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.

Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank or another account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.
DIRECT DEPOSIT ACCOUNT TYPE:
Checking
Savings
RTN number.
Account number

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, its Processor or Intuit is not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance

Evelyn E Mathis

146-70-1676

Page 3

on the part of you or your representative. The BANK will make every effort to deliver your Deposit Account balance to you. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

8. Federal Electronic Fund Transfer Act Disclosures. The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at The Citizens Banking Company for that purpose. If you believe that there is an error or if you have a question about your Account, write to The Citizens Banking Company, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (800) 901-6663 and provide The Citizens Banking Company with your name, a description or explanation of the error and the dollar amount of the suspected error. The Citizens Banking Company will advise you of the results of its investigation within 10 business days.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- 9. Compensation. In addition to any fees paid directly by you to Intuit, BANK will pay a portion of BANK's refund processing fee to: Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. Additionally the BANK will pay compensation to the Servicer for its role as a processing agent.
- 10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.
- 11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Ouse Document Page 37 of 80

Eylub + (D)

Page 4

12. USA Patriot Act Disclosure. To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

#### Your Agreement

By selecting the "I Agree" button in TurboTax: (i) You authorize BANK to receive your 2013 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2013 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2013 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document 3 Bage 38 of 80 Exh. b.t.

Evelyn E Mathis

146-70-1676 CUSTOMER SERVICE: 800-717-7228

FACIS What does The Citizens Banking Company do with your Personal Information?

Why?

Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information that we collect and share depend on the product or service you have with us. This can include:

- Social Security number and account balances
- payment history and transaction history
- overdraft history and account transactions

When you are no longer our customer, we continue to share your information as described in this notice.

How?

All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons The Citizens Banking Company chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does The Citizens Banking Company Share?	Can you limit this sharing?		
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No		
For our marketing purposes — to offer our products and services to you.	No	We don't share		
For joint marketing with other financial companies.	No	We don't share		
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share		
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share		
For our affiliates to market to you.	No	VVe don't share		
For non affiliates to market to you.	No	VVe don't share		

Vho we are	asan alika libagia di kaliga matiba yang ari sa akalik berati kana di kata baran ari sa baba baran baran. Baran
Who is providing this notice?	The Citizens Banking Company
What we do	
How does The Citizens Banking Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law.  These measures include computer safeguards and secured files and buildings.
How does The Citizens Banking Company collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<ul> <li>Federal law gives you the right to limit only:</li> <li>Sharing for affiliates everyday business purposes — information about your creditworthiness,</li> <li>Affiliates from using your information to market to you,</li> <li>Sharing for non affiliates to market to you.</li> </ul>
	State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
	The Citizens Banking Company does not share with our affiliates.
Non affiliates	Companies not related by common ownership or control. They can be financial or nonfinancial companies.
	The Citizens Banking Company does not share with non affiliates so they can market to you.
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.
	The Citizens Banking Company does not jointly market.
Other Important Information	

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09

## **ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING**

Taxpayer: Primary SSN:	Evelyn E Math: 146-70-1676	<u>-</u>
Federal Return	Submitted: Acceptance Date:	February 22, 2014 10:31 AM PST
	CHARLES TO THE OWNER WHEN THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	electronically transmitted on 02/22/2014

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

#### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

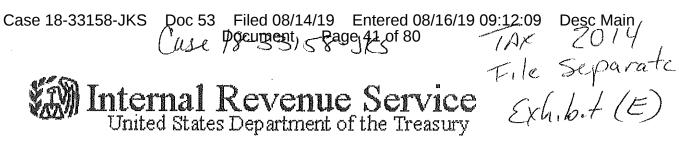
#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2014. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2014, your Intuit electronic postmark will indicate April 15, 2014, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2014, and a corrected return is submitted and accepted before April 20, 2014. If your return is submitted after April 20, 2014, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2014 If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2014, and the corrected return is submitted and accepted by October 20, 2014.

#### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.



This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018 Response Date: 08-14-2018 Tracking Number: 100403413710

Tax Return Transcript

SSN Provided: 146-70-1676 Tax Period Ending: Dec. 31, 2014

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 146-70-1676 SPOUSE SSN: 137-72-5931

1040

20152505 Jun.04, 2015 \$0.00

NAME(S) SHOWN ON RETURN: EVELYN E MATHIS

ADDRESS: 75 S HARRISON ST EAST ORANGE, NJ 07018-1701-753

... Married filing separate return and spouse is not required to file a return FORM NUMBER: CYCLE POSTED: RECEIVED DATE: REMITTANCE: EXEMPTION NUMBER: DEPENDENT 1 NAME CTRL: DEPENDENT 1 SSN: DEPENDENT 2 NAME CTRL: DEPENDENT 2 SSN: DEPENDENT 3 NAME CTRL: DEPENDENT 3 SSN: DEPENDENT 4 NAME CTRL:

PREPARER EIN:

DEPENDENT 4 SSN:

Adjustments to Income

#### Income

PTIN:

ALIMONY RECEIVED: \$0.00 BUSINESS INCOME OR LOSS (Schedule C): \$0.00 BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$0.00 CAPITAL GAINS OR LOSS: (Schedule D): \$0.00 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$0.00 TOTAL IRA DISTRIBUTIONS: \$0.00 TOTAL IRA DISTRIBUTIONS: \$0.00 TOTAL PENSIONS AND ANNUITIES: \$0.00 TAXABLE PENSION/ANNUITY AMOUNT: \$0.00 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$0.00 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 TOTAL SCCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TOTAL INCOME: \$4,934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 TOTAL INCOME: \$53,910.00	WAGES, SALARIES, TIPS, ETC:       \$43,976.00         TAXABLE INTEREST INCOME: SCH B:       \$0.00         TAX-EXEMPT INTEREST:       \$0.00         ORDINARY DIVIDEND INCOME: SCH B:       \$0.00         QUALIFIED DIVIDENDS:       \$0.00         REFUNDS OF STATE/LOCAL TAXES:       \$0.00
BUSINESS INCOME OR LOSS (SChedule C):	ALIMONY RECEIVED:\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):	BUSINESS INCOME OR LOSS (Schedule C):\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$0.00  OTHER GAINS OR LOSSES (FORM 4797): \$0.00  TOTAL IRA DISTRIBUTIONS: \$0.00  TAXABLE IRA DISTRIBUTIONS: \$0.00  TOTAL PENSIONS AND ANNUITIES: \$0.00  RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$0.00  RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00  RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00  RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00  PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00  FARM INCOME OR LOSS (Schedule F): \$0.00  FARM INCOME OR LOSS (Schedule F): \$0.00  TAXABLE SOCIAL SECURITY BENEFITS: \$0.00  SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00  SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00  SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00  SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00  SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00  SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00  TOTAL INCOME: \$0.00  TOTAL INCOME: \$0.00	CAPITAL GAIN OR LOSS: (Schedule D): \$0.00
TOTAL IRA DISTRIBUTIONS: \$0.00 TAXABLE IRA DISTRIBUTIONS: \$0.00 TOTAL PENSIONS AND ANNUITES: \$0.00 TAXABLE PENSION/ANNUITY AMOUNT: \$5,000.00 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) \$0.00 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00 FARM INCOME OR LOSS (Schedule F) \$0.00 FARM INCOME OR LOSS (Schedule F) \$0.00 TOTAL SOCIAL SECURITY BENEFITS: \$0.00 TOTAL SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 OTHER INCOME: \$4,934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 TOTAL INCOME: \$0.00 TOTAL INCOME: \$0.00	CAPITAL GAINS OR LOSS; SCH D PER COMPUTER:\$0.00
TAXABLE IRA DISTRIBUTIONS:       \$0.00         TOTAL PENSIONS AND ANNUITIES:       \$0.00         TAXABLE PENSION/ANNUITY AMOUNT:       \$5,000.00         RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E)       \$0.00         RENT/ROYALTY PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:       \$0.00         RENT/ROYALTY INCOME/LOSS PER COMPUTER:       \$0.00         ESTATE/TRUST INCOME/LOSS PER COMPUTER:       \$0.00         PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:       \$0.00         FARM INCOME OR LOSS (Schedule F):       \$0.00         FARM INCOME OR LOSS (Schedule F):       \$0.00         TOTAL SCCIAL SECURITY BENEFITS:       \$0.00         TOTAL SCCIAL SECURITY BENEFITS:       \$0.00         TAXABLE SOCIAL SECURITY BENEFITS:       \$0.00         TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:       \$0.00         SCHEDULE EIC SE INCOME PER COMPUTER:       \$4,934.00         SCHEDULE EIC SE INCOME PER COMPUTER:       \$0.00         SCHEDULE EIC EARNED INCOME PER COMPUTER:       \$0.00         SCHEDULE EIC EARNED INCOME PER COMPUTER:       \$0.00         SCHEDULE EIC DISQUALIFIED INC COMPUTER:       \$0.00         TOTAL INCOME:       \$53,910.00	OTHER GAINS OR LOSSES (Form 4797):
TOTAL PENSIONS AND ANNUITIES:  TAXABLE PENSION/ANNUITY AMOUNT:  RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):  RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):  RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):  RENT/ROYALTY INCOME/LOSS PER COMPUTER:  \$0.00  RENT/ROYALTY INCOME/LOSS PER COMPUTER:  \$0.00  ESTATE/TRUST INCOME/LOSS PER COMPUTER:  \$0.00  FARM INCOME OR LOSS (Schedule F):  \$0.00  FARM INCOME OR LOSS (Schedule F):  \$0.00  UNEMPLOYMENT COMPENSATION:  \$0.00  TOTAL SOCIAL SECURITY BENEFITS:  \$0.00  TAXABLE SOCIAL SECURITY BENEFITS:  \$0.00  TAXABLE SOCIAL SECURITY BENEFITS:  \$0.00  OTHER INCOME:  \$4,934.00  SCHEDULE EIC SE INCOME PER COMPUTER:  \$0.00  SCHEDULE EIC EARNED INCOME PER COMPUTER:  \$0.00  TOTAL INCOME:  \$53,910.00	
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$0.00 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00 UNEMPLOYMENT COMPENSATION: \$0.00 TOTAL SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 CABLE INCOME: \$4.934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 TOTAL INCOME: \$0.00 TOTAL INCOME: \$53.910.00	
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00 TOTAL SCCIAL SECURITY BENEFITS: \$0.00 TOTAL SCCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS \$0.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$4.934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC SERNED INCOME PER COMPUTER: \$0.00 SCHEDULE EIC SERNED INCOME PER COMPUTER: \$0.00 TOTAL INCOME: \$0.00	TAXABLE PENSION/ANNUITY AMOUNT:
RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00 UNEMPLOYMENT COMPENSATION: \$0.00 TOTAL SCCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 OTHER INCOME: \$4.934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC BERNED INCOME PER COMPUTER: \$0.00 TOTAL INCOME: \$0.00	RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):
ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00 FARM INCOME OR LOSS (Schedule F): \$0.00 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00 UNEMPLOYMENT COMPENSATION: \$0.00 TOTAL SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 OTHER INCOME: \$0.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$4,934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCH EIC DISQUALIFIED INC COMPUTER: \$0.00 TOTAL INCOME: \$0.00	RENT/ROYALTY INCOME/LOSS PER COMPUTER:
FARM INCOME OR LOSS (Schedule F):       \$0.00         FARM INCOME OR LOSS (Schedule F) PER COMPUTER:       \$0.00         UNEMPLOYMENT COMPENSATION:       \$0.00         TOTAL SCCIAL SECURITY BENEFITS:       \$0.00         TAXABLE SOCIAL SECURITY BENEFITS:       \$0.00         TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:       \$0.00         OTHER INCOME:       \$4,934.00         SCHEDULE EIC SE INCOME PER COMPUTER:       \$0.00         SCHEDULE EIC EARNED INCOME PER COMPUTER:       \$0.00         SCH EIC DISQUALIFIED INC COMPUTER:       \$0.00         TOTAL INCOME:       \$53,910.00	ESTATE/TRUST INCOME/LOSS PER COMPUTER:\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00 UNEMPLOYMENT COMPENSATION: \$0.00 TOTAL SCCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$0.00 OTHER INCOME: \$4,934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 TOTAL INCOME: \$0.00	PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:
UNEMPLOYMENT COMPENSATION:	FARM INCOME OR LOSS (Schedule F):
TOTAL SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00 OTHER INCOME: \$0.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCHEDULE EIC DISQUALIFIED INC COMPUTER: \$0.00 TOTAL INCOME: \$53.910.00	UNEMPLOYMENT COMPENSATION: \$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$0.00 OTHER INCOME: \$4,934.00 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCH EIC DISQUALIFIED INC COMPUTER: \$0.00 TOTAL INCOME: \$53,910.00	TOTAL SOCIAL SECURITY BENEFITS:
OTHER INCOME:       \$4,934.00         SCHEDULE EIC SE INCOME PER COMPUTER:       \$0.00         SCHEDULE EIC EARNED INCOME PER COMPUTER:       \$0.00         SCH EIC DISQUALIFIED INC COMPUTER:       \$0.00         TOTAL INCOME:       \$53,910.00	TAXABLE SOCIAL SECURITY BENEFITS:
SCHEDULE EIC SE INCOME PER COMPUTER:	TARABLE SOCIAL SECURITY BENEFITS PER COMPUTER;
SCHEDULE EIC EARNED INCOME PER COMPUTER: \$0.00 SCH EIC DISQUALIFIED INC COMPUTER: \$0.00 TOTAL INCOME: \$53,910.00	SCHEDULE EIC SE INCOME PER COMPUTER:
TOTAL INCOME:	SCHEDULE EIC EARNED INCOME PER COMPUTER:
TOTAL INCOME PER COMPUTER:\$53,910.00	TOTAL INCOME:
	TOTAL INCOME PER COMPUTER:

EDUCATOR EXPENSES:.....\$0.00 EDUCATOR EXPENSES PER COMPUTER:.....\$0.00 

HEALTH SAVINGS ACCT DEDUCTION: HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:  MOVING EXPENSES: F3903: SELF EMPLOYMENT TAX DEDUCTION: SELF EMPLOYMENT TAX DEDUCTION: SELF EMPLOYMENT TAX DEDUCTION: SELF EMPLOYMENT TAX DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LOOP SELF-EMP LO
Tax and Credits 65-OR-OVER:NO
BILIND: SPOUSE 65-OR-OVER: NO SPOUSE BLIND: SPOUSE BLIND: STANDARD DEDUCTION PER COMPUTER: STANDARD DEDUCTION PER COMPUTER: STANDARD DEDUCTION PER COMPUTER: STANDARD DEDUCTION PER COMPUTER: STANDARD STANDARD DEDUCTION PER COMPUTER: STANDARD STANDARD STANDARD DEDUCTION PER COMPUTER: STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD
OTHER CREDITS:\$0.00 TOTAL CREDITS:\$0.00 TOTAL CREDITS PER COMPUTER:\$0.00 INCOME TAX AFTER CREDITS PER COMPUTER:\$5,813.00
Other Taxes
SE TAX:       \$0.00         SE TAX PER COMPUTER:       \$0.00         SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:       \$0.00

SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:       \$0.00         TAX ON QUALIFIED PLANS F5329 (PR):       \$500.00         TAX ON QUALIFIED PLANS F5329 PER COMPUTER:       \$500.00         IRAF TAX PER COMPUTER:       \$0.00         TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:       \$6,313.00         OTHER TAXES PER COMPUTER:       \$0.00         UNPAID FICA ON REPORTED TIPS:       \$0.00         OTHER TAXES:       \$0.00         RECAPTURE TAX:       \$0.00         HOUSEHOLD EMPLOYMENT TAXES:       \$0.00         RECAPTURE TAXES:       \$0.00         RECAPTURE TAXES:       \$0.00         TOTAL ASSESSMENT PER COMPUTER:       \$6,313.00         TOTAL TAX LIABILITY TP FIGURES:       \$6,313.00         TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:       \$6,313.00
Payments
FEDERAL INCOME TAX WITHHELD:
Refund or Amount Owed
AMOUNT YOU OWE:
Third Party Designee
THIRD PARTY DESIGNEE ID NUMBER:  AUTHORIZATION INDICATOR:
PART III - ALLOWABLE EDUCATION CREDITS  GROSS EDUCATION CR PER COMPUTER: \$0.00 TOTAL EDUCATION CREDIT AMOUNT: \$0.00 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER: \$0.00 This Product Contains Sensitive Taxpayer Data

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Document 3 Page 44 of 80 Full of (E)

# H&R Block ADVANTAGE®



Prepared For: EVELYN E. MATHIS

04/28/2015

#### **Today's Savings**

\* By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by:

\$337.00

In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2014, your Marginal Tax Rate is 25% and your Effective Tax Rate is 12%.

Total Savings......\$337.00

#### Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary		Message
Federal	No	\$0.00	Balance Due	\$0.00	See the Filing Checklist for instructions.

This H&R Block Advantage document provides information that could help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. Tax services offered through subsidiaries of HRB Tax Group, Inc.



Exhibit (E Your 2015 Eligibility: **Potentially Marketplace** (based on your 2014 tax return)

# **ACA Tax Impact Analysis:** Your Personalized Review



The Affordable Care Act (ACA) is a federal law that says almost everyone must have health insurance or pay a tax penalty.

Your 2014 Status:

You and all members in your household had qualified health insurance for all 12 months in 2014. Therefore, you were not assessed an ACA tax penalty. ACA tax penalties will increase next year for individuals without qualified coverage.

If you or members of your household purchased insurance through the Marketplace, your ACA Premium Tax Credit reconciliation details can be found on your Block Advantage 2014 Tax Return Summary.

Your 2015 Eligibility:

You may have the option to enroll in plans available on the Marketplace. However, you are likely not eligible for the Advance Premium Tax Credit. The Marketplace Open Enrollment Period ended 2/15/15. Outside of Open Enrollment, you can enroll only if you qualify for a Special Enrollment Period due to life events such as marriage, birth of child or job changes.

For your Marketplace application, you will need to know:

Household Income: \$53,910.00

Household Size: 2

Remember to update your information if anything changes.

For more information about ACA and your taxes, visit hrblock.com/acataximpact.

2014 ACA Tax Penalty:

\$0.00

based on your 2014 tax return.

Potential 2015 ACA Tax Penalty:

\$998.21

if you and members of your household do not have qualified health insurance for the year and don't qualify for an exemption.

View your personalized ACA Tax Impact Analysis in your MyBlock account. Visit hrblock.com/myblock to log in.

Need help getting health insurance?

H&R Block offers free, unbiased help enrolling in health insurance. Call 800-HR Block (800-472-5625) or visit healthcare.hrblock.com

We're Open All Year! Call 800-HRBLOCK (800-472-5625) or visit hrblock.com to schedule an appointment.

The information provided herein is only an estimate for informational purposes only and does not constitute tax or legal advice or an official calculation of your potential ACA tax penalty. Your situation could differ based on other factors.

HCR (2014) FDHCR-1WV 1.0 Form Software Copyright 1996 - 2015 HRB Tax Group, Inc.



# H&R Block ADVANTAGE®

2014 Tax Return Summary

Federal Year over Year Comparison	Year 2014	Year 2013	Change(\$)
	\$43,976	\$0	\$43,976
Vages, salaries, tips	\$5,000	\$0	\$5,000
axable pensions	\$4,934	\$0	\$4,934
Other income Fotal income	\$53,910	\$0	\$53,910
Oldi Moonio			
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$53,910	\$0	\$53,910
AXABLE INCOME		and a supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier of the supplier	
Standard deductions	\$6,200	\$0	\$6,200
Exemptions	\$7,900	\$0	\$7,900
Taxable income	\$39,810	\$0	\$39,810
TAX COMPUTATION		NO. OF THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	
	\$5,813	\$0	\$5,813
ncome tax	\$5,813	\$0	\$5,813
Tax before credits	44,4		
OTHER TAXES		ΔΔ.	\$500
Tax on IRA and other plans	\$500	\$0 \$0	\$6,313
Total tax	\$6,313	\$0	\$6,313
PAYMENTS		Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie	
	\$4,351	\$0	\$4,351
Federal withholding	\$4,351	\$0	\$4,351
Total payments			
AMOUNT DUE		\$0	\$1,989
Amount owed with return	\$1,989	\$0 \$0	\$1,300
Penalty for underpayment of tax	\$27	30	Ψ£,
OTHER COMPUTATIONS	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		<del>dess, que como sido</del>
	\$53,910	\$0	\$53,910
Alternative minimum taxable income	25%		
Marginal tax bracket	12%		
Effective tax bracket	Married Filing Separately		
Filing status	•		



#### H&R BLOCK

## 2014 Federal Tax Return Filing Instructions

#### FOR THE YEAR ENDING December 31, 2014

Prepared for	EVELYN E MATHIS
Tax Summary	Gross Income         \$ 53,910           Adjusted Gross Income         \$ 53,910           Total Deductions         \$ 14,100           Total Taxable Income         \$ 39,810           Total Tax         \$ 6,313           Total Payments         \$ 4,351           Refund Amount         \$ 0           Amount You Owe         \$ 1,989
Make check payable to	United States Treasury
Mailing Address	Internal Revenue Service Center P.O. Box 931000 Louisville, KY 40293-1000

Instructions

STEP 1 - Sign and date Form 1040

STEP 2 - Assemble what you need to mail
Attach any schedules and forms behind Form 1040 in order of the
Attachment Sequence Number shown in the upper right corner of the schedule
or form. If there are supporting statements, arrange them in the same
order as the schedules or forms they support and attach them last. Do not
attach correspondence or other items unless required to do so. Attach
a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also
attach Form(s) 1099-R or 1099-G if tax was withheld.

STEP 3 - Pay balance due on your taxes
You have requested a monthly installment plan to pay the amount owed on
your tax return. You indicated you would pay \$0 with this return.
Make your check or money order payable to the United States Treasury. Do
not send cash and do not forget to sign it. Write your Social Security
number(s) and daytime phone number on your check or money order (U.S.
funds only).

STEP 4 - Mail Form(s)
Mail Form 1040 and associated documents to the address above.
Retain the proof of mailing to avoid a late filing penalty.
We recommend you use one of these methods to send your 1040:

- U.S. Postal Service certified mail.

If you are not mailing to an address with a post office box, you may also use:

- Federal Express (FedEx): Priority Overnight, Standard Overnight, 2Day, International Priority, or International First

- United Parcel Service (UPS): Next Day Air, Next Day Air Saver, 2nd Day Air, or Worldwide Express

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09/ Desc-Main Case Description of 80

EVELYN E MATHIS

## 2014 Federal Filing Instructions Continued

Instructions

STEP 5 - Keep a copy
Print a copy of the return for your records.
Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.



PHILADELPHIA, PA 19255-1498

TAX 2016 Soint

> Tracking ID: 100463579603 Date of Issue: 08-10-2019

WILLIE MATHIS
75 S HARRISON ST
EAST ORANGE, NJ 07018

Taxpayer's Name: WILL MATH

Taxpayer Identification Number: XXX-XX-5931

Tax Period or Periods: December, 2016

Return: 1040

Information About the Request We Received

We received a request dated August 10, 2019 for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

How To Contact Us

Please call us at 1-800-829-0922 if you have any questions regarding this letter or if you need additional information.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Page 50 of 80 Exhibit (F)

Sincerely Yours,

Director

Electronic Products & Svcs Support

Catricia Forosta

Patricia LaPosta, Director

Electronic Products & Svcs Support

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

Ca Documents 31 Rage 151 sof 80

Instructions to Mail Federal Tax Return for:

WILLIE MATHIS & EVELYN MATHIS 75 SOUTH HARRISON ST EAST ORANGE, NJ 07018

TAX 2016 Exhabit (F)

our federal tax return shows an amount owed of \$2,229. Please be sure to complete the following checklist to finish Axes. Your federal tax return is due April 18, 2017.	filing yo
Print and Sign Your Return	Exployer than 12 Frequency All Street
Print a copy of your tax return. Sign and date the Form 1040 at the bottom of page 2 in the Sign Here section.  • Both spouses must sign and date the tax return.	
Attach Documents	
Attach the federal copy of your W-2s that have federal tax withheld.	,
Pay the Amount You Owe	النصوير (وليمه بسيد بسيد
Pay the amount you owe by April 18th in order to avoid penalties.  • You can pay by check, money order, credit card, debit card, or electronic payment.	
Mail Your Return	
<ul> <li>Keep these instructions along with a copy of your tax return for your records.</li> <li>Mail your federal tax return to:</li> </ul>	
Internal Revenue Service	

PO Box 931000 Louisville, KY 40293-1000 Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Se Page 52 0580 JKS

= 40/10 =	spartment of the Treasury	y-Internal Revenue S	iervice	(99) 244 s s s	20	16	OMB No.	1545-0074	IRS Use On	iy—Do no	t write or staple in this s	pace.
	J.S. Individua		ax ne	U.C.III	2[	)16, ending	- day of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		20	See se	eparate instruction	18.
or the year Jan, 1-Dec. 3	1, 2016, or other tax yea	r beginning Last r	name		, , , ,	, 2					ocial security number	<b>,</b> 51
Your first name and ini	ial	1.000							- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	137	7   72   5931 3's social security nu	nber
WILLIE		THIS						•	ŧ -			
If a joint return, spouse's first name and anular								<u>6   70   1676</u>				
EVELYN		MA'	THIS						Apt. no.	A M	ake sure the SSN(s) and on line 6c are co	above rrect.
Home address (numbe	r and street). If you ha	ave a P.O. Dox, sec	, it is it do to	,							idential Election Cam	
75 SOUTH F	IARRISON S	T	dress, also	comple	te spaces be	low (see inst	ructions).			Obsaleb	are if you for your shouse	if filing
		70u Have a loroigh au								iointhu w	rant \$3 to do to this tund.	Citecking
EAST ORANG	74-7	018	F	orelgn	province/si	ate/county		Foreig	ın postal code	a box be refund.	elow will not change your	Snouse
Foreign country name											Language Committee Committ	
						4	Head	l of househ	old (with qua	lifying pe	rson). (See instruction	ter this
Filing Status	1 Single	filing jointly (ever	if only o	ne had	income)		the q	ualifying pe	erson is a chi	la bat no	t your dependent, en	
•	2 XI Married	filing joilthy (ever filing separately.	Enter so	ouse's	SSN abo	νe	child	's name he	re. ▶	donande	ent child	
Check only one									ow(er) with		Boxes checked	
box.	and turn	name here.	an claim	you a	s a depen	dent, do r	i <b>at</b> check	box 6a		. }	on 6a and 6b	_2_
Exemptions								(A) (if c	hild under age	, 17	No. of children on 6c who:	
	b Spous		/2	) Depen	dent's	(3) Depe	ndent's	nivilifeina	for child tax cre	dit	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	
		Last name	i		y number	relationsh		(see	instructions)		you due to divorce or separation	
	(1) First name  ARTHUR MATI		258	70	3844	PAREN			님		(see instructions)	
If more than four	AKINUK PATI	La ple tree				<u> </u>					Dependents on 6c not entered above	1
dependents, see												3
instructions and				<u> </u>		<u> </u>					Add numbers on lines above	3
check here ▶☐	d Total num	nber of exemptio	ns claime	d.					,	7		592.
	B Magae C	alaries tins, etc.	Attach F	orm(s)	W-2 .					8a		
Income	a- Tayabla	interest Attach S	schedule	Blite	gusteu .		1					
	L Tay AVAI	ont interest. Do	not inclu-	de on	iine ba .	· · L	8b			9a		
Attach Form(s)	9a Ordinary	dividends. Attac	h Schedu	ile B l	required	,	` 1 `					
W-2 here. Also		Ordinary dividends. Attach Schedule B if required  Qualified dividends  Qualified dividends							10			
attach Forms		antimade cradits	or offsets	of st	ate and lo	cal incom	e taxes			11		
W-2G and 1099-R if tax									12			
was withheld.		- "(one) Attach Schedule U U U-E-							13			
	49 Cenital C	rain or (loss). Att	ach Sche	dule L	Hiedone	a. II Hotte	quireu, o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14		
If you did not	14 Other ga	ains or (losses). A	ttach For	m 479	97		Taxable			15b	\	
get a W-2,	15a IRA dist	ributions .	15a							16b		
see instructions.			16a				uete efc	Attach S	Schedule E	17		
			les, partn	ership	s, S corp	orations, t	usis, cio	, , , , , , , ,		18		
		Pensions and annuities 16a Pensions and annuities 16a Pensions and annuities 16a Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and annuities Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions and Pensions a						19				
	19 Unempl	oyment compen	sation .	•						20b		
	20a Social s	ecurity benefits	20a				Q (SATISFIE	-		_ 21		A
	21 Other in	ncome. List type e the amounts in t	and amo	นกเ 	n for linge	7 through 2	1. This is	your total	income 🕨	22	107	,592
	22 Combine	e the amounts in t	ne far rignt	Coluit	III IOI IIIIOO	1 611000	23					
***************************************	23 Educat	or expenses .			· · · · ·	tiete and					<b>.</b>	
Adjusted	24 Certain	business expenses	of reservi	sts, pe	2108 or 21	06-EZ	24					
Gross	fee-basi	is government offic	ials. Attact	A++	ach Form	8889 .	25					
Income	25 Health	savings account	deductio	ili. Wit	acit i Oim		26					
	26 Moving	g expenses. Atta	CD FOIII (	tav Vi	tach Schel	lule SE	27					
	27 Deduct	ible part of self-en	pioyment	d au	lified nlan	S	28				ļ	
	28 Self-er	Calk amployed SEP SIMPLE, and qualified plans							}			
	29 Self-er	remployed out; some series of savings						İ				
	30 Penalt	y on early withdr	awai ot si	aviiigi Vi 🐎			31a					
	31a Alimon	y paid <b>b</b> Recip	ient's 55!	A 1000			32					
	32 IRA de	eduction	, , , , , , , , , , , , , , , , , , ,				33					
	33 Stude	nt loan interest o	leauction	, , 017			34					
		n and fees. Attac	at which not	CHOTION	a mach e	OTHE GOOD	35					
	A	Domestic production activities deduction. Attach Form 8903 35  Add lines 23 through 35						1 13	6			
	35 Dome	nes 23 through a act line 36 from	3C			,				-	10	7,59

		8-33158-JKS Doc	53 Filed 08 Documer	8/14/19 nt @ <b>Ba</b> ge	Entered 08/1	16/19 09:12:	09 7 - 72 :	Desc Main (F) -5931 Page 2
Form 1040 (2016)	WIL	LIE MATHIS & EV	FLAN MAIH	15	America de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composição de la composiçã	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	38	107,592.
	38	Amount from line 37 (adjusted	gross (ncome)			· · · · · · · · · · · · · · · · · · ·	-	
		Chook   T You were born	before January 2, 1		Blind. Total box	es	1	
Tax and			un hafaya lanuan/ (	2 1952.	Blind. checked	▶ 39a		
Credits		11	navata return or VOII	were a dual-st	atus alien, check h	ere≽ 39b□	an	12,600.
		If your spouse itemizes on a se- Itemized deductions (from S	chedule A) <b>or</b> VOUI	standard deu	MCTION (See 1917 1176		40	94,992.
Standard	40						41	$\frac{34,552.}{12,150.}$
Deduction for—	41	64FC OF	A A vigithize seet us of	50 by the number	on line 6d. Otherwise,	, see instructions	42	82,842.
<ul> <li>People who</li> </ul>	42		~ 40 trom ling 41	IT HITE 42 IS HIV	10 filetti titto 113		43	
check any box on line	43	Tax (see instructions). Check if a	W 42 NOM MO TO	n/s) 8814 b	☐ Form 4972 C		44	12,249.
39a or 39b or who can be	44	Tax (see instructions). Check it is	any from a L rom	ach Form 625	1		45	
claimed as a	45	Tax (see instructions), Check in Alternative minimum tax (se	ee instructions). Att	Attach Form 8	1962		46	
dependent, see	46	Alternative minimum tax (so Excess advance premium tax	credit repayment.	Attacti i office		. 🌬	47	12,249.
instructions.	47	Add lines 44, 45, and 46 .	, , , , ,		48			
<ul><li>All others:</li></ul>	48	Foreign tax credit. Attach For	rm 1116 if required		49			
Single or Married filing	49	Credit for child and dependent	care expenses. Atta	ich Form 244 i			ĺ	
separately,	50	Education credits from Form	8863, line 19 .		50		Ì	
\$6,300	51	Daticoment savings contribu	utions credit. Attac	ch Form 8880	51		}	
Married filing jointly or	52	Child tax credit. Attach Sch	edule 8812, if requ	ired	52		1	
Qualifying widow(er),	1 "	Residential energy credits. A	ttach Form 5695		53			
\$12,600	53		מססח ואוא אווואסים	c 🗆	54			0.
Head of	54			redits			55	12,249.
household, \$9,300	55		- If lina 55 is more t	Han mic 4th or	100 0		56	14,64.
	<u> </u>	Subtract line 55 from line 47 Self-employment tax. Attach	Schodule SE		<i>, ,</i> ,	, , , ,	57	
	57	Self-employment tax. Attacr	of Madigaro tay fro	om Form: a	ີ 4137 b 🗌	8919	58	
Other	58	Unreported social security a Additional tax on IRAs, other	NO Medicare tax in	nlone atc Att	ach Form 5329 if re	quired .	59	
_	59	Additional tax on IRAs, other	qualified retirement	piana, otor / tim			60a	
Taxes	60a	Additional tax on IHAs, other Household employment taxe First-time homebuyer credit	s from Schedule H		nuired .		60b	
	d	First-time homebuyer credit :	epayment. Attacii r	Gill 5465 il los	ar coverage X	<i>.</i>	61	
	61	First-time homebuyer credit in Health care: individual respons	nsibility (see Instruc	tions) Tun-ye	uctions: enter co	de(s)	62	
	62	Health care: individual responsions from: a Form 895	20 p [ ] Lotur gao	0 C [_] 111311			63	12,249.
	63	Add lines 56 through 62. Th	is is your total tax		, 64	10,020.		
Payment	s 64	Federal income tax withheld	d from Forms W-2	and inaa	m 65		}	
	65	2016 estimated tax payments	and amount applied	, , , , ОИ МО, ,	. 66a		]	
If you have a	66a	Earned income credit (EIC	<b>)</b> , , , , ,	įνΟ,	.   004		7	•
qualifying	l k	Nontaxable combat pay electi	on <b>66b</b>		67		7	
child, attach Schedule El		Additional child tax credit. Af	tach Schedule 8812	2			1	
GC/ICGGIO E	68	American opportunity cred	dit from Form 8863	s, line o			1	
	69	Net premium tax credit. A	ttach Form 8962 .		.   00		1	
	70	Amount paid with request	for extension to file		. 70		-	
		Excess social security and t	ier 1 RRTA tax with	neld	. 71		-	
	71 70	Credit for federal tax on fu	els. Attach Form 41	136	. 72		-  '	
	72	- ET 6400 le	PAR C PARCELLA	5 dili	73 ]			10,020.
	73				tal payments .		74	20/020.
	74		on aubtract line 6:	3 trom 1178 (4.	Itho to the direct	nt you <b>overpaid</b>	75_	
Refund	75		nt refunded to you	" IL FOILL GOOD	19 allaunday one		76a	
	76				c Type: Chec	king Savings		
Direct depos	SIL;							
See instructions			applied to your 201	17 estimated to	ax ▶   77	b. b.		2,229.
		Cubtro	ct line 74 from line	63. For details	on how to pay, se	e instructions	78	
Amount	78		*		1 1 27 1	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		plete below. X No
You Owe	e 79	Estimated tax penalty (see Do you want to allow another	nerson to discuss	this return with	the IRS (see instr	uctions)? [_] Yo Personal id		der.
Third Pa							Ы	<b>₽</b> >
Designe	e	Designee's name ▶		no.	adules and statements, ar	ACCOUNT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		belief, they are true, correct, and
Cinn	Uno	Designee's name  ter penalties of perjury, I declare that I have urately list all amounts and sources of income.	e examined this return and one I received during the t	accompanying sen ax year, Declaration	of preparer (other than ta	xpayer) is based on all ir	tormation	or which biehalet has any knowledge.
Sign Here	acc	urately list all amounts and address of mo-	555,07700000000	Date	Your occupation		Dayı	file brione farmor
Joint return?	See A	Your signature			DOCK SUPER			IRS sent you an Identity Protection
instructions.		Spouse's signature. If a joint retur	n, <b>hoth</b> must slan.	Date	Spouse's occupation	n	I PIN.	enter it
Keep a copy		Spouse's signature, it a joint retail	,	}	CLERK		i	(see inst.)
your records	) . 	Disting propagation name	Preparer's signatu	il. <del>0</del>	Mary Miller	Date	Che	ck Lif
Paid		Print/Type preparer's name	SELF-PRE				self-	employed
Drenard	er -		SELF-FREE					n's EIN ▶
Prepare Use On		Firm's name ▶ Firm's address ▶	Selir - FREE			made of the second discount of the second second second second second second second second second second second		n's EIN ▶ ne no. Form <b>1040</b> (2016)

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 540880 8 JKS

## STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040 2016 Page I



For Privacy Act Notification, See Instructions For Tax Year Jan. – Dec. 2016 or Other Tax Year
For tax year Jan Dec. Both 300
Paginning 20 Month Ending, 20
Configuration #
On-line Federal Extension Confirmation #

MATHIS WILLIE & EVELYN

75 SOUTH HARRISON ST

EAST ORANGE

1201 12

137725931 146701676

0705 NJ 07018



Under the penalties of perjury, I declare that I have examined this income fax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.	Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI  Mail your return in the envelope provided and affix the appropriate mailing label.
Your Signature  Date  Date  Sponse/CU Partner's Signature (If filed jointly both must sign)  Fill in if NJ-1040-O is enclosed  If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)  Federal Identification Number  Paid Preparer's Signature	If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.  If not, use the label for PO Box 555. You may also pay by e-check or credit card. See instruction page 11.
Firm's Name	

PAGE 2



NJ-1040 (2016)

# MATHIS WILLIE & EVELYN

137725931

1201

	V DESIDENT FOR ONLY	PART OF THE TAXABLE YEAR GIVE THE PE	KIOD OF TOO			
esidency Status — IF YOU WERE A NEW JERSE ROM — TO	A RESIDERAL LOW SAME					
Section 1		EXEMPTIONS		2		
ILING STATUS		6. REGULAR 7. AGE 65 OR OVER				
SINGLE MARRIED/CU COUPLE FILING JOINT RETURN	X	" DISABLED				
MARRIED/CU COUPLE FILING SEPARATE RETU MARRIED/CU COUPLE FILING SEPARATE RETU	JRN	O NUMBER OF QUALIFIED DEPEN	DENT CHILDRI	EN a		
O PONSONOEMON D		10 NUMBER OF OTHER DEPENDEN	118	1	-	
HEAD OF HOUSENOZS QUALIFYING WIDOW(ER)/SURVIVING CU PAR	TNER	DEDENDENTS ATTENDING COL	LEGE	2	2.	
CHECKBOXES FOR EXEMPTIONS	STIC PARTNER	12A. TOTAL (LINE 12A - ADD LINES	6, 7, 8, AND 111	-	1.	
. mangarit PARANIA A	STIC PARTMER	12B. TOTAL (LINE 12B - ADD LINES	9 AND IVI	•	••	
AGE 65 OR OLDER YOURSELF	SE-CU PARTNER					
BLIND OR DISABLED YOURSELY		CU DUNER IF MORE THAN FOUR)	віктн үе	AD HI	EALTH INS IND	
BLIND OR DISABLED VOORNELF DEPENDENT'S INFORMATION FROM LIE LAST NAME. FIRST NAME. MIDDLE INITIA A. MATHIS, ARTHUR	NES 9 AND 10 (ATTA) N.	SOCIAL SECURITY NUMBER 258-70-3844	1942	.,		
B. C.						
D			YES	NO	X	
CURERNATORIAL ELECTIONS FUND	R TAXES FOR THIS I	FUND?	YES	NO	X	
DO YOU WISH TO DESIGNATE \$1 OF YOU IF JOINT RETURN. DOES YOUR SPOUSE!	CU PARTNER WISH T	TO DESIGNATE \$1?	1 5.0			
IF JOINT RETURN. DOES YOUR SPOOSLA	· -	WALLAND TO AND IS	7-2(S) (SPEENSER)	14.	111956	
THE AND OTHER FAIRLOY	EE COMPENSATION (ENC). V	y-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR V CHEDULE B IF OVER \$1,500)	V	15A.		
14. WAGES, SALARIES, TIPS, AND OTHER EMPLOY  15A. TAXABLE INTEREST INCOME (SEE INSTRUCTION)	DNS) (ENCLOSE FEDERAL S	CHEDULE B IF OVER \$1,500)		15B.		
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTION). 15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTION).	CTIONS) (ENCLOSE SCHEDI	BLE) DO NOT INCLUDE ON LASE 15A		16.		
15B. TAXEXEMPT INTEREST FOR		OF FEDERAL SCHEDULE C, FORM 1840	)	17.		
16. DIVIDENDS  WELL BROKETS FROM BUSINESS (SCHEDULE NI-	BUS-1, PART 1, LINE 4) (EN	CLOSE COPY OF FEDERAL SCHEDULE C, FORM 1640		18.		
- LUCACITICAL CONTROL PROPERTY	(OC LIE INCLUSED IN			19A.		
TAA DENSITING ANNUITIES, AND IRA WITHDRAW	AES (SEE INSTRUCTION	CE 201		19B.		
TOD EVELLIDABLE PENSIONS, ANNUITHES, AND IN	A William	THE DAMES OF STREET USE SCHENGER OR FEDERAL	scn K-D	20.		
20 DISTRIBUTIVE SHARE OF PARTNERSHIP INCO	ME (SCH SERUS-LINE) HEL	XE-0 69E INSTR PAGE 24) (ENCLOSE SCH-NIK-1 OR FEDERAL 1, EINE-0) 69E INSTR PAGE 24) (ENCLOSE SCH-NI-K-1 OR FEE HTS (SCHEDULE NI-BUS-1, PART IV, LINE-4)	FRAL SCH K-D	21. 22.		
21. NET PRO RATA SHARE OF S CORPORATION P	COME (SCH. NJ-RUS-L, PART II	WES (SCHEDULE NI-BUS-1, PART IV, LINE 4)		23.		
THE CAIS OF INCOME FROM RENTS, ROYAL	BES, PATERTO CO	E4 & 12 \$100 0 - 1000		24.		
TO A A BY INCLUSION OF SET INSTRUCTION	N PAGE 291			25.		
A LUNIONY AND SEPARATE MAINTENANCE P.	A LAILLE THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE			26.	11195	6
OCT COMEDIA EXISTE INSTRUC	HOE ISOUR 241	5)		27A.		
25. OTHER (ENCLOSE SCHEDOLLS) (1882) 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 19				27B.		
27A. PENSION EXCLUSION (SEE INSTRUCTION PA 27B. OTHER RETIREMENT INCOME EXCLUSIONS	(SEE WORKSHEET AND INS	STRUCTION PAGE 26)		27C.		
27B. OTHER RETIREMENT INCOME EXCEDING AS 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27.	A AND LINE 27B)	<b></b>		28.	11195	6
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27) 28. NEW JERSEY GROSS INCOME (SUBTRACT L	INE 27C FROM LINE 26) (SE	E INSTRUCTION PAGE 27)	UCTION PAGE 6)	29.	350	Ĺ
THE PROPERTY OF A MOUNT (SEE INSTRUCT	TION LUCE TO COL	E INSTRUCTION PAGE 21) .ATE AMOUNT) (PART YEAR RESIDENTS SEE INSTR		30.		
AND AND AN EXPENSES (SEE WORKSHEET AN	DESTRUCTION			31.		
THE WALL AND SEPARATE MAINTENANCE	PAYMENTS			32.		
CONSERVATION CONTRIBUTE	N N			33.		
		au pus.2 TINE H)		34. 35.	350	Э.
- amountee CALCULATION (	ADJUSTMENT (SCHEDULE)	N-DOSES, LINES 2		36.	10845	
				30,		
35. TOTAL EXEMPTIONS AND DEDUCTIONS G 36. TAXABLE INCOME (SUBTRACT LINE 35 FR	OM LINE 28) IF ZERO OR LI	Entry's and another in				

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc, Mair Cust Discussion (58 Pages 56 of 80 CX 1.6+ C

NJ-2450

## EMPLOYEE'S CLAIM FOR CREDIT FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2016

FAMILY LEAVE	ALL STANDARD CONTRACTOR
Claimant Social Security No.	Name: MATHIS WILLIE
Note on Joint NJ-1040 Return:	Address: 75 SOUTH HARRISON ST
Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	City, State, Zip Code: EAST ORANGE, NJ 07018  City, State, Zip Code: EAST ORANGE, NJ 07018  City, State, Zip Code: EAST ORANGE, NJ 07018

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

UI/WF/SWF, disability insurance, o the appropriate Column(s) and conta	FROM YOUR W-2 FORMS.  The employer exceeds the maximum for either ar Family Leave Insurance, insert the maximum in a set that employer for a refund of the balance of the	COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
deduction.	FACILITY MANAGEMENT LLC			
Fed. Emp. I.D. #: 274285!	039	1		
Private Plan #:	Wages: 58, 133			26
3. Employer's Name: NORTHE.	AST PERSONNEL SERVICES	***************************************		
Fed. Emp. I.D. #: 223702	902			Ì
Private Plan #:	Wages: 1,200			
C. Employer's Name:				
Fed. Emp. I.D. #:		_		
Private Plan #:	Wages:			NOTE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR
D. Employer's Name:				
Fed. Emp. I.D. #:		-		
Private Plan #:	Wages:			
E. Employer's Name:				
Fed. Emp. I.D. #:	317-200	-		
Private Plan #:	Wages:			- Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp
F. Employer's Name:				
Fed. Emp, I.D. #:	Wages:			1
Private Plan #:	wages.			
G. *If additional space is required,	enclose a rider and enter the total on this line.			
2 Total Deducted: Add Lines 1A	hrough 1G. Enter here.	138.56	65.20	26.08
2 Correct LU/WE/SWF Disability	Insurance, and/or Family Leave Deductions.			
1 D 1 4 Line 2 Col A from Line	2 Col. A. Enter on Page 3, Line 52 of the NJ-102	10.		## ### ###############################
F To the Time 2 Col B from Line	2 Col. B. Enter on Page 3, Line 53 of the Russian	101		
6 Deduct Line 3 Col. C from Line	2 Col. C. Enter on Page 3, Line 54 of the NJ-102	TO THANE/SWE	and/or in excess of S	65.20 for NJ Disabi

I hereby apply for a credit for worker contributions deducted in excess of \$138.56 for N.J. UI/WF/SWF and/or in excess of \$65.20 for NJ Disability Insurance and/or in excess of \$26.08 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

ng the above calendar year and nercely sacrific	Da	ite:	 	,
Claimant's Signature:	 			

Case 18-33158-JKS

Opcument 33 Page 57 br 80

Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document 32 Page 57 of 80 1201

NJ-2450

# EMPLOYEE'S CLAIM FOR CREDIT

FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2016

E. L. L. L. L. L. L. L. L. L. L. L. L. L.	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Claimant Social Security No.	Name: MATHIS EVELYN
146   70   1676	Name: MATHIS EVELLEN
Note on Joint NJ-1040 Return:	Address: 75 SOUTH HARRISON ST
Each spouse/CU partner must file a separate form when claiming a refund for excess contri-	City State Zin Code: EAST ORANGE, NJ 07018
butions.	City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500 City, state, 22p 5500

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

the amount of Family Leave Insura		COLUMN A	COLUMN B	COLUMN C
If the amount deducted by any UI/WF/SWF, disability insurance the appropriate Column(s) and co	N FROM YOUR W-2 FORMS. To one employer exceeds the maximum for either one family Leave Insurance, insert the maximum in that that employer for a refund of the balance of the	UI/WF/SWF DEDUCTED	DISABILITY INSURANCE DEDUCTED	FAMILY LEAVE INSURANCE DEDUCTED
IA. Employer's Name: HORIZ	ON HEALTHCARE SERVICES INC			
Fed. Emp. I.D. #: 22099	9690			
Private Plan #:	Wages: 43,558			26
B. Employer's Name: TARGE	T CORPORATION	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		
Fed. Emp. I.D. #: 41021	5170			
Private Plan #:	Wages: 9,065		4.70	7
C. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #:	Wages:			
D. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #:	Wages:			
E. Employer's Name:		_		
Fed. Emp. I.D. #:	***			
Private Plan #:	Wages:		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
F. Employer's Name:				
Fed. Emp. I.D. #:	WI			
Private Plan #:	Wages:			
G. *If additional space is required	I, enclose a rider and enter the total on this line.		gradustation gradustation and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	3.3
2. Total Deducted: Add Lines 1	A through 1G. Enter here.	120.56	65.20	26.08
3. Correct UI/WF/SWF, Disability	ty Insurance, and/or Family Leave Deductions.	138.56	03.20	
A Deduct Line 3 Col. A from Li	ne 2 Col. A. Enter on Page 3, Line 52 of the NJ-104			
5. Deduct Line 3 Col. B from Li	ne 2 Col. B. Enter on Page 3, Line 53 of the NJ-104	0	and Mark	7
6. Deduct Line 3 Col. C from Li	ne 2 Col. C. Enter on Page 3, Line 54 of the NJ-104	N. THAVE/SWE a	nd/or in execss of \$6	55.20 for NJ Disability

I hereby apply for a credit for worker contributions deducted in excess of \$138.56 for N.J. UI/WF/SWF and/or in excess of \$65.20 for NJ Disability Insurance and/or in excess of \$26.08 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

ing the above calendar year and nelecty submit the terraining	
ing the ways a	
Claimant's Signature:	



Sep

PHILADELPHIA, PA 19255-1498

Tracking ID: 100463579730 Date of Issue: 08-10-2019

WILLIE MATHIS
75 S HARRISON ST
EAST ORANGE, NJ 07018

Taxpayer's Name: WILL MATH
Taxpayer Identification Number: XXX-XX-5931

Tax Period or Periods: December, 2017

Return: 1040

Information About the Request We Received

We received a request dated August 10, 2019 for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

How To Contact Us

Please call us at 1-800-829-0922 if you have any questions regarding this letter or if you need additional information.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 59 of 80 (ase 18-33) 58-JKS Exhibit (G)

Sincerely Yours,

Director

Electronic Products & Svcs Support

Catricia Yobosto

Patricia LaPosta, Director

Electronic Products & Svcs Support



# 2017 Income Tax Return

#### Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2017 income tax return.

You can view the status of your e-filed tax return by signing in to your account at www.freetaxusa.com.

2018 tax preparation on FreeTaxUSA.com will be available starting in January of 2019.

We look forward to preparing your 2018 tax return.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 61 of 80

## Instructions to Mail Federal Tax Return for:

WILLIE MATHIS 75 SOUTH HARRISON ST EAST ORANGE, NJ 07018

Your federal tax return shows a refund of \$138. Please be sure to complete the following checklist to finish filing your taxes federal tax return is due April 17, 2018.	, Yo 
Print and Sign Your Return	n-s
Print a copy of your tax return. Sign and date the Form 1040 at the bottom of page 2 in the Sign Here section.	_
Attach Documents	napadi .
Attach the federal copy of your W-2s that have federal tax withheld.	a5001 <b>4</b>
Mail Your Return	
<ul> <li>Keep these instructions along with a copy of your tax return for your records.</li> <li>Mail your federal tax return to:</li> </ul>	
Department of the Treasury	

Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002 Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 62 of 80

		(		t		Ł			1			
	Department of	the Treasury—Internal Rev	enue Service	(99)	201	7	MR No.	1545-007	4 IRS Use Onl	y—Do not	write or staple in this s	pace.
	U.S. Ind	dividual Incom	е Тах	Keturn	2017,	·	71411271101		, 20	See se	parate instruction	101
For the year Jan. 1-Dec. :	31, 2017, or o	ther tax year beginning									ocial security numb	er
Your first name and in	itial	1	Last name							137	72 5931	ohar
THE TER			MATH]							Spouse	's social security num	ilbei
If a joint return, spous	e's first nam	e and initial	r ast name	1								
			v cae insti	ructions.			-//		Apt. no.	A Ma	ake sure the SSN(s) and on line 6c are col	rect.
Home address (numb	er and stree	t). If you have a P.O. bo	x, 366 mon							t	idential Election Cam	
75 SOUTH	HARRI	SON ST	ion address	also complete sp	aces below	(see instr	uctions).				ere if you, or your spouse i	
City, town or post office	, state, and Z	IP CODE, II YOU HAVE A IOIG	igr action							liniaths w	ant \$3 to go to this fund. (	znecking
EAST ORAN	GE N	J 07018		Foreign prov	/ince/state/	county		Fore	ign postal code	a box be refund.	low will not change your to	ax or
Foreign country name	9								v			
						4	X Head	of house	hold (with quali	lying per	son). (See instruction	oter this
Filing Status	1 🗐	Single Married filing jointly	loven if O	nty one had inc	come)		If the	qualifying	person is a cit	IIG DH H	ot your dependent, en	
	2 📙	Married filing separa	telv Ente	er spouse's SS	N above		child'	's name h	ere. V dow(er) (see ii	etructio	ns)	
Check only one						5				1311.0011	Boxes checked	
box.		and full name here.	one can (	laim you as a	dependen	t, do n	of check	box 6a		• }	on 6a and 6b	
Exemptions	r							· · ·	child under age 1		No. of children on 6c who:	1
		Spouse Dependents:	<u></u>	(2) Dependent'		(3) Depen		onalifyini	a for child tax cret	lit	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	
			,	social security nur	11001	elationshir 		(Se	e instructions)		you due to divorce or separation	
	(1) First nar	MATHIS	1	52 84 24	173 SC	)N					(see instructions)	
If more than four	EKTO.	K-12 4 1. 7 4 20 13						ļ	[1]		Dependents on 6c not entered above	
dependents, see								<del> </del>	Ti		Add numbers on	2
instructions and					L			L			lines above 🏲	-
check here ▶☐	d	Total number of exer	nptions c						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7	57 <b>,</b>	164.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Words salaries, tips	etc. Atta	ach Form(s) W-	2					8a		
Income	•	Tavable interest Att	ach Sche	idale B it tedali	1 <del>0</del> 0 · •		b		•			
		z everent interest	. Do not	include on sine	. ૦ામ -		<u> </u>			9a		
Attach Form(s)	9a	Ordinary dividends.	Attach So	chedule B it rec	quirea .		elo i	•				
W-2 here. Also										10	,,,	
attach Forms W-2G and	10	Qualified dividends Taxable refunds, cre	dits, or o	ffsets of state	and tocal					11		
1099-R if tax	11	Alimony received ,		Oakadulo	C or C-F2	7				12		
was withheld.	12	Alimony received . Business income or Capital gain or (loss)	(loss). At	tach Schedule	ocuired I	- Enot rec	guired, c	heck he	re ▶ 🔲	13	ļ	
	13	Capital gain or (loss	). Attach	t Court 4707	eganoar (					14		^
If you did not	14	Other gains or (loss	es). Attac	n Ponn 4737 -		b	Taxable	amount		15b		
get a W-2, see instructions.	15a	IRA distributions .	15a			b	Taxable	amount		16b	ļ	
360 11100000	16a	Pensions and annuit Rental real estate, r	avaltion	nartnerships, S	S corporat	ions, tru	ists, etc.	. Attach	Schedule E	17	<u> </u>	
	17	di .	- \ A + t - c - c	ь усвалиег.						18 19		
	18	Farm income or (los Unemployment cor	nnensatio	on .						20b		
	19	Social security bene	fits   20	a \			· Carrer			21		
	20a	Other income. List	type and	amount					tincome ▶	22	57	,164.
	21 22	Combine the amount	s in the fa	r right calumn fo	or lines 7 th	rough 2	I. HIIS IS	your tota	O GIGGING F	+==		
	23	makaratar aynanses	2			· · /-	23					
Adjusted	23 24		anone of re	seawists, DeMOII	annoro	,	24					
Gross	£-,4	fee basis governmen	t officials.	Attach Folili 210	10 01 2 100		24 25			_]		
Income	25	LL - Mk anvinge 90f	ount ded	luction. Attaca	LOSHE OUR	,,	26					
	26	20200000000000000000000000000000000000	Attach F	orm 3903		, , ,	27				-	
	27	native tible part of se	elf-employ	ment tax. Attacr	J 20Heanie	St ·	28					
	28	0-14 amployed SE	P SIMPL	E. and quanne	a high		29					
	29	cals amployed be:	alth insur	ance deductioi			30					
	30	Donalty on early W	ithdrawa	of savings .			31a					
	31a	Alimony naid b F	lecipient'	s SSN ▶			32					
	32	ID A deduction					33					
	33	Student loan inter	est dedu	ction			34					
	34	Tuition and fees.	Attach Fo	orm 6837	tach Form	8903	35					0.
	35	Domestic production Add lines 23 thro	on activitie	эь аеаиснон. Ас	adon romi		L			3		7,164.
	36	Add lines 23 thro Subtract line 36 f	ugh 35     . ''aan lina '	 20 This is VOU	adjusted	gross	income	Annual Committee (1975)		<u> 3</u>	NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY O	1040 (2017)
	37	Subtract line 36 f	rom line 2	C.C. 1180 10 YOU		anvato i	instructi	ions.	Cat. No	. 11320E	3 LOLLIN	, U-10 (2017)

Case 18-33158-JKS Doc 53	Filed 08/2 Document	14/19 E Page	Intered 08/1 63 of 80	-	CYhi	9 Desc Main
Ca	se Ex	ce IKS		13	37-72	2-5931 Page <b>2</b>
KITTI ( LB' (VIA LD ())	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	20 21-	And the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o		38	57,164.
	oss income)	, , , . 	ind. Total boxes			
			lind. } checked ▶	39a		
Tax and 39a Check     You were born ber	pefore January 2, 1	953, L. D	e allen - chéck here	e▶ 39b[]		0.250
Tax and if: Spouse was born  Credits b If your spouse itemizes on a separ	ate return or you w€	re a qual-statu	s anon, one left mard	in)	40	9,350.
the mixed deductions (from Sche	aule no or your -				41	47,814.
Saduration Contract line 40 from line 30			tion ad Otherwise, \$6	e methorions	42	8,100.
People who check any tescent life 4 Subtract line 40 from the 38 is \$156,900 or check any tescent life 4 Taxable income. Subtract line 4 Taxable income.	less, multiply \$4,050 t	y the number on	than line 41, enter	-0	43	39,714.
• People who check any 43 Taxable income. Subtract line	42 from line 41. If li	ne 42 is more	Form 4972 6	]	44	5,291.
check any box on line 39a or 39b or 44 Tax (see instructions). Check if any Tax (see instructions).	from: a [] Form(s	) 8814 DL_	, , , ,		45	
box on line 39a or 39b or who can be claimed as a  44 Tax (see instructions). Check if any Alternative minimum tax (see	instructions). Attac	h Form 6231			46	5,291.
					47	5,291.
			48		] ]	
1 . 1	1116 if required .	0444	49		_}	
Single or out to child and dependent ca	te expenses. Amon	,	50			
			51		_]	
		Form ageu	52			
Listativ or Sched	Mie oo ie' ii i ada		53	200		
Qualitying	CH FORM SUBS .	•	54			200.
widow(er), 53 Residential energy created \$12,700 \$12,700 \$4 Other credits from Form: a 38	00 <b>b</b> 📙 8801 c			,	55	5,091.
\$12,700 Head of household, 55 Add lines 48 through 54. These	e are your total cre	ditS	ır-∩		56	5,091.
\$9,350 Cultivact line 55 from line 47.	INTE OU IS TOUT	in line 47, Grao			57	
56 Subtract line 555	schedule SE 🗼		14137 b 🗀	8919	58	
57 Self-employment tax. Attach S 58 Unreported social security and	BMedicare tax fron	TEORING BILL	h Form 5329 if req	uired	59	
and Additional tax on IRAs, other q	Jamied Tellierins				60a	1
laxes can unusehold employment taxes	TOTAL COLLEGE		lend		60k	
Le Ebet-time homebuyer credit re	Sayment. Attach is		r aguarage X		61	
b First-time homebuyer credit re 61 Health care: individual respons 62 Taxes from: a Form 8959	ibility (see instruction	ns) Full-year	tions: enter cod	e(s)	62	-t
					U.	<u> </u>
				5,22	9.	
2017 estimated tax payments a	ud suioniit abbien .			·		
If you have a gen Farned income credit (EIC)	, , ,	, , ,				
			. 67			
		line 8	68			
Language of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	t ttotti Lottii pagai		69			
Alak promium tax credit. Att	SCU LOUD 020" .		70	,		
a paid with reguest 10	S GX(GU2)OU (O 190	alel	71			
t with and tis	ar 1 FIFILIA (ax within	36	. 72			
72 Credit for federal tax on fue	- Close	et [ ]	73			5,229.
72 Credit for federal tax of ride 73 Credits from Form: a  2439 b  Add lines 64, 65, 66a, and 6	Keseven C Book	se are your tot	al payments			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
74 Add lines 64, 65, 66a, and 6	37 Billough For this	1 - 1 lino 74	This is the amoun	t you overpa	HG	76a 138.
Refund 75 If line 74 is more than line 76a Amount of line 75 you wan	33, Subtract in VOII.	If Form 8888 i	s attached, check	here P	L-1  -	
76a Amount of line 75 you wan	reitificien to your	Þ	> c Type: ☐ Chec	king 🔲 Savi	ngs	
Direct deposit? ► b Routing number	<del></del>				1	
	Light to your 201	8 estimated ta	x № 77		S N	780.
instructions. 77 Amount of line 75 you want  Amount 78 Amount you owe. Subtract	st line 74 from line	33. For details	on how to pay, se	e instruction	* F	
Amount 78 Amount you owe. Subtract You Owe 79 Estimated tax penalty (see	instructions)	<u> </u>	. 79	1 04	L	Complete below. X No
You Owe 79 Estimated tax penalty (see	person to discuss t	his return with	the IRS (see instr	uctions):   Persc	nal ident	ification
Third Party Do you want to allow another	porour	Phone		numb	er (PIN)_	p
Third Party Designee Do you want to allow discrete Designee's name Under penalties of perjury, I declare that I have accurately list all amounts and sources of inco		no.	edules and statements, a	nd to the best of r	ny lunowied na ali inform	ge and pelier, may are tide, solved, and any knowledge.
Under penalties of perjury, I declare that I have	examined this return and one I received during the t	ax year. Declaration	of preparer (other than to	ixbayei) is naseo (	,,,,	Daytime phone number
accurately list distribution at	atio (Toursette	Date	1001 odomber			
riere your signature			DOCK SUPER	ATPOK		If the IRS sent you an Identity Protection
Joint return? See Instructions.  Keep a copy for Spouse's signature. If a joint return	n, both must sign.	Date	Spouse's occupati	U13		PIN, enter it here (see inst.)
(CO) a sel-1				Date		Check III PTIN
your records.	Preparer's signatu	иe		Com		self-employed
Print/Type preparer's name Paid	SELF-PRE	PARED		1		Firm's EIN ▶
Phonostor						Discoura NO
- Column S Harrie			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	grammer from 12 years of grant 22 years of the 1900	mani manazina jimani	Form 1040 (2017)
Use Only Firm's address ▶	t 1-st information					

Document Page 64 of 80 Case 18-33158 - 18-5

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

# Residential Energy Credits

OMB No. 1545-0074

 $\square$  Go to www.irs.gov/Form5695 for instructions and the latest information. Attach to Form 1040 or Form 1040NR. De

Attachment Sequence No. 158

armic	ent of the Treasury	Attach to Form 1040 or Form 104unr.	Your so	cial securit	y number
	evenue Service	Michigan School of Michigan Strategies on Strategies of Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on Strategies on St	137.	-72-59	31
	shown on return	G in the fore completing this	s part.	)	
LL	IE MATHI	S itial Energy Efficient Property Credit (See instructions before completing this	. [		
eni	Resider	itial Energy Efficient Property Credit (See Hands) hrough 11 if you only have a credit carryforward from 2016.	——L.		
ite:	Skip lines 1 t	nrough it in you or is	1		
		stantia property COStS			
1		electric property costs	2		
		water heating property costs			
2	Qualified solar	. Water Hearing brobots, assess	3		
		and the costs			
3	Qualified sma	Il wind energy property costs .	4		
		contract costs			
4	Qualified geo	hermal heat pump property costs	5		
5	Add lines 1 th	rough 4	6		
		5 by 30% (0.30)			
6	Multiply line (	5 by 30% (0.30)  cell property. Was qualified fuel cell property installed on or in connection with your  Cell property. Was qualified States? (See instructions)	7.	☐ Yes	No
7a	Qualified fue	cell property. Was qualified fuel cell property installed of of in contrastations cated in the United States? (See instructions)	7a		
	main home lo	ocated in the United States? (See instructions) ocated in the United States? (See instructions) ocated in the United States? (See instructions) ocated in the United States? (See instructions)			
	Caution: If y	ou checked the "No box, you carried the			
	Skip lines 7b	through 11. uplete address of the main home where you installed the fuel cell property.			
b	Print the con	nplete address of the main nome where years			
		Number and street			
		Millingt and adopt			
		City, State, and ZIP code			
		Chy, State, and Emily			
		8	_		
8	Qualified fue	el cell property costs			
9	Multiply line	8 by 30% (0.30)			
10	Kilowatt ca	pacity of property on line 8 above 🗆 💮 x \$1,000 [10]	44		
			11		
11	Enter the s	maller of line 9 or line 10			
•		forward from 2016. Enter the amount, if any, from your 2016 Form 5695, line 16	. 12	<u>:</u>	
12	Credit carr	forward from 2016. Enter the amount, it any, from your asset			
1.4-			. 13	3	
13	R Add lines 6	5, 11, and 12	ty	. )	
14	Limitation	based on tax liability. Enter the amount from the Residential Energy Efficient Proper based on tax liability. Enter the amount from the Residential Energy Efficient Proper	. 14	<u> </u>	
	Credit Lim	t Worksneet (see instructions)	le		
15	5 Residentia	t Worksheet (see instructions)  It worksheet (see instructions)  It energy efficient property credit. Enter the smaller of line 13 or line 14. Also included the energy efficient property credit. Enter the smaller of line 13 or line 14. Also included the energy efficiency of the energy than line 15. Subtract	. 1	5	
,,	this amour	nt on Form 1040, line 53; or Form 1040 kin, allo 53			
10	s Credit car				F000
- 11	U Chock ou	m line 13		(	Form 5695

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 65 of 80

Exhibit (G)

Page 2

Tax   Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)   Tax   Ta	orm 569	5 (2017)			
Trail Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)  Amain home located in the United States? (see instructions)  Do not complete address of the main home where you made the qualifying improvements.  Caution: If you checked the "Ves" box, you cannot claim the ronbusiness energy property credit. Caution: Try ou cannot when the statume.  2	Pant	Nonbusiness Energy Property Credit			
Caution: If you checked the "No" Dox, you chair clean to sum to provide part of the complete address of the main home where you made the qualifying improvements.    Print the complete address of the main home where you made the qualifying improvements.	175	Were the qualified energy efficiency improvements or residential energy property costs for your	17a	X Yes	□ No
Deptite the complete address of the main home wat a time.  Caution: You can only have one main home at a time.  15 SOUTH HARRISON ST  Number and street  EAST ORANGE, NJ 07018  Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property oracit for qualifying improvements related to the construction of this main home?  Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property oracit for qualifying improvements that were not related to the construction of the home. Do not recit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.  It relating infinition. Enter the amount from the Lifetime Limitation Worksheet (see instructions), researchly be expected to last for at least 5 years, to not include labor costs (see instructions), researchly be expected to last for at least 5 years, to not include labor costs (see instructions), a linusualization material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 209 IECC  Deterior doors that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum destable to the side of the star of less, enter -0.  Subtract line 19f from line 19g. If zero or less, enter -0.  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Particular and 23.  Add lines 21a through 22b. Do not enter more		Gaution: If you checked the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box, you carried old the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" box of the "No" b			
Caution: You can only have to interest.    To SOUTH HARRISON ST   Unit No.	b	address of the main home where you made the spanny to			
EAST ORANGE, NJ 07018  Cay State, and ZiP code  Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy properly credit for qualifying improvements that were not related to the construction of the horne, Do not include expenses related to the construction of your main horne?  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation attended to the construction of your main horne, even if the improvements were made after you moved into the horne.  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Unided labor costs) (see instructions).  Lifetime limitation attended to a system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  Limitation material or system specifically and primarily designed to reduce heat loss or gain of your home.  Lifetime limitation and the version of a propriate primarity designed to reduce heat loss or gain of your home.  Lifetime limitation and the version of appropriate primarity designed or exceeds the Energy Star program requirements and has appropriate primarity designed or exceeds the Energy Star program requirements and has appropriate primarity designed or exceeds the Energy Star program requirements.  Exterior windows and skylights that meet or exceed the version 6.0  Exterior windows and skylights that meet or exceed the version 6.0  Exterior windows and skylights will be program to a star program requirements.  Maximum amount of cost on which the credit can be figured.  Subtract line 19f from line 19e. If zero or less, enter -0-  Subtract line 19f from line 19e. If zero or less, enter -0-  Residential energy property credit in the subtractions, otherwise enter -0-  Residential energy and the subtractions and the	, D				
C Were any of these improvements related to the construction of this main home?  Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.  Lifetime expenses related to the construction of your main home, even if the improvements were made after you moved into the home.  Lifetime limitation. Erner the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime with the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increase of the increas		(3 500 LT 112 112 112 11 No.	1		
C Were any of these improvements related to the construction of this main home?  Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  Wetal or asphalt roof that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements.  Maximum amount of cost on which the credit can be figured.  Maximum amount of cost on which the credit can be figured.  Maximum amount of cost on which the credit can be figured.  Multiply line 20 by 10% (0.10).  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Dualified natural gas, propane, or oil furnace or lot water boiler. Do not enter more than \$150.  Add lines 21 and 23.  Maximum credit amount. (If you jointly occupied the home, see instructions).  Energy-efficient building fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50.  Add lines 22 through 22c.  Add lines 21 and 23.  Maximum credit amount. (If you jointly occupied the home, see instructions).  Energy regretion assembly, and original installation (see					
Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not credit for qualifying improvements that were not related to the construction of the home. Do not not published in the home.  B. Ifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  Metal or asphalt roof that meet or exceed the version 6.0 Energy Star program requirements.  Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  Exterior windows and skylights that meet or exceed the version 6.0  Energy Star program requirements.  Maximum amount of cost on which the credit can be figured.  Maximum amount of cost on which the credit can be figured.  Maximum amount of meeting of the 19g.  Mod lines 18a, 19b, 19c, and 19h.  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Add lines 21 and 23  Maximum credit amount. (if you jointly occupied the home, see instructions).  Energy-efficient building property. Do not enter more than \$300.  Add lines 22 and 23  Maximum credit amount. (if you jointly occupied the home, see instructions).  22a 22b 25  Maximum credit amount. (if you jointly occupied the home, see instructions).  23b 25  Enter the amou		EAST OWN STREET	170	Yes	X No
Caution: If you checked the "Yes" Box, you cannot related to the construction of the home. Do not credit for qualifying improvements that were not related to the construction of purification include expenses related to the construction of your main home, even if the improvements were include expenses related to the construction of your main home, even if the improvements of the provided include the purification of the component must Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years, do not include labor costs) (see instructions).  Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  Maximum amount of cost on which the credit can be figured.  If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter-0-  Subtract line 19f from line 19e. If zero or less, enter-0-  Home the amount from the Window Expense Worksheet (see instructions) and the subject of the signal programs, or oil furnace or hot water boiler. Do not enter more than \$150.  Qualified an entry gags, propane, or oil furnace or hot water boiler. Do not enter more than \$20.  Add lines 21 and 23  Maximum credit amount. (if you jointly occupied the home, see instructions).  Enter the a		the the construction of this main home?	-170	<u></u>	
credit for qualitying injuryestic through control of your main home, even if the implotestic made after you moved into the home.  12 Litetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  13 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).  14 Isolation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  15 Exterior doors that meet or exceed the version 6.0 Energy Star program requirements  16 Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  17 Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  18	С	Were any of these improvements to box, you can only claim the nonbusiness energy property			
include expenses related to the home.  18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).  18 Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  19 Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  2 Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  2 Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements.  2 Maximum amount of cost on which the credit can be figured.  3 Expense Worksheet (see instructions); otherwise enter -0-  3 Subtract line 19f from line 19e. If zero or less, enter -0-  4 Enter the smaller of line 19d or line 19g.  2 Add lines 19a, 19b, 19c, and 19h.  2 Multiply line 20 by 10% (0.10).  2 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  2 Energy-efficient building property. Do not enter more than \$300.  2 Energy-efficient building property. Do not enter more than \$300.  3 Add lines 22a through 22c.  4 Add lines 27 and 23.  4 Add lines 27 and 23.  5 Maximum credit amount. (if you jointly occupied the home, see instructions).  2 Energy the first the amount, if any, from line 18.  5 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  2 Ente		credit for qualifying improvements that were not related to the construction of the improvements were			
Buttract lime 19th of the third the function of the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions).  Is a considering the expected to last for at least 5 years; do not include labor costs) (see instructions).  Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.    Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home    Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home    Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home    Exterior windows and skylights that meet or exceed the version 6.0   19a   1		include expenses related to the contests.			125
Oualified energy efficiency improvements reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).  Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.  Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has Metal or asphalit roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  Insurance of the Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements.  Maximum amount of cost on which the credit can be figured.  If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  Subtract line 19f from line 19e. If zero or less, enter -0-  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Energy-efficient building property. Do not enter more than \$300.  Energy-efficient building property. Do not enter more than \$300.  Add lines 22a through 22c  Add ines 22 and 23  Add lines 27 in and 23  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limitation based on tax liability. Enter the amount from the Nonbusiness Fine 28. Also include this		made after you moved into the notion.	18		
langulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.    19a	18	Lifetime limitation. Enter the amount from the Education and the component must begin with you and the component must begin with you and the component must			
a Insulation material or system specifical as stabilished by the 2009 IECC.  your home that meets the prescriptive criteria estabilished by the 2009 IECC.  Exterior doors that meet or exceed the version 6.0 Energy Star program requirements.  Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements.  Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements.  Maximum amount of cost on which the credit can be figured.  In you claimed window expenses on your Form 5895 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  Subtract line 19f from line 19e. If zero or less, enter -0-  Subtract line 19f, por, and 19h.  Hollitiply line 20 by 10% (0,10)  Pesidential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Energy-efficient building property. Do not enter more than \$300.  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22 and 23.  Maximum credit amount. (If you jointly occupied the home, see instructions).  Enter the amount, if any, from line 18.  Subtract line 28 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit this limit Worksheet (see instructions).	19	Qualified energy efficiency improvements (4-3)			
b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements and has Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.  d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements.  e Maximum amount of cost on which the credit can be figured		reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably be expected at the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably because the reasonably be	19a		
b Exterior doors that meet or exceed the Version Star program requirements and has Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  Maximum amount of cost on which the credit can be figured .  Maximum amount of cost on which the credit can be figured .  Maximum amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  Subtract line 19f from line 19e. If zero or less, enter -0-  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient builkling property. Do not enter more than \$300  Energy-efficient builkling property. Do not enter more than \$300  Energy-efficient builkling property. Do not enter more than \$300  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22 tand 23  Maximum credit amount, (if you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit	а	your home that meets the prescriptive criteria established by the 2009 teoc.	}		
c Metal or asphalt root that meters of exceed the version appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home  d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  Maximum amount of cost on which the credit can be figured  If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0.  Subtract line 19f from line 19e. If zero or less, enter -0-  Henter the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Benergy-efficient building property. Do not enter more than \$300.  Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limitation based on tax liability. Enter the amount for line 28 or line 28 or line 28 or line 28 or line 29. Also include this	h	Tutorior doors that meet or exceed the version old Ellings and has			
appropriate pignited cotanies to reduce the heat gain of your home  d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  e Maximum amount of cost on which the credit can be figured  f If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  g Subtract line 19f from line 19e. If zero or less, enter -0-  h Enter the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Energy-efficient building property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300  Add lines 29a, propane, or oil furnace or hot water boiler. Do not enter more than \$150.  Add lines 29a through 22c  Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions).  22b  22c  50  22c  50  22c  50  22d  22d  22d  22d  22a  22a  22a  22		Metal or asphalt roof that meets of execution which are specifically and primarily designed			
d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum amount of cost on which the credit can be figured  Maximum credit amount. (If you jointly occupied the home, see instructions)  Maximum credit amount, if any, from line 18  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see instructions).	Ŭ	appropriate pigmented coatrag band	190	<u> </u>	
Energy Star program requirements  Maximum amount of cost on which the credit can be figured  If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  Subtract line 19f from line 19e. If zero or less, enter -0-  Better the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300  Add lines 20 at through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22 at mount. (If you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see  19f  19g  2,000  19h  20  2,000  21  22b  22c  23  22c  22a  22a  22a  22a  22a		to reduce the heat gail of your hast are exceed the version 6.0			
Maximum amount of cost on which the credit can be righted  f   f   you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  g   Subtract line 19f from line 19e. If zero or less, enter -0- h   Enter the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  C   Add lines 29a through 29c  Add lines 22a through 22c  Add lines 21 and 23  Add lines 22a through 22c  Add lines 21 and 23  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27  Limit Worksheet (see instructions).  D   Residential energy property Credit line 28 or line 29. Also include this	C		-		
f If you claimed window expenses on your very center the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-  g Subtract line 19f from line 19e. If zero or less, enter -0-  h Enter the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient builting property. Do not enter more than \$300.  C Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions).  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27.  Limit Worksheet (see instructions).		Land the credit can be fluited to the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first the first th	-		
enter the amount from the instructions); otherwise enter -0-  g Subtract line 19f from line 19e. If zero or less, enter -0- h Enter the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300  C Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150  C Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50  Add lines 22a through 22c  Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions).		Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arrount of cost on thinking Maximum arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround arround ar			
g Subtract line 19f from line 19e. If zero or less, enter -0- h Enter the smaller of line 19d or line 19g Add lines 19a, 19b, 19c, and 19h Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300 Cualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150. Add lines 22a through 22c Add lines 22a through 22c Add lines 21 and 23 Maximum credit amount. (If you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit Limit Worksheet (see instructions).	î	enter the amount from the Window Expense Worksheet (see			
g Subtract line 19f from line 19e. If zero or less, enter 30.  h Enter the smaller of line 19d or line 19g  Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300  Energy-efficient building property. Do not enter more than \$300  C Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50  Add lines 22a through 22c  Add lines 22a through 22c  Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit  Enter the smaller of line 24 or line 27  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see instructions).		instructions); otherwise enter -0-			
Add lines 19a, 19b, 19c, and 19h  Multiply line 20 by 10% (0.10)  Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Energy-efficient building property. Do not enter more than \$150.  Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.  Add lines 22a through 22c.  Add lines 22a through 22c.  Add lines 21 and 23.  Maximum credit amount. (If you jointly occupied the home, see instructions).  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  Enter the smaller of line 24 or line 27.  Limit Worksheet (see instructions).  Add lines 29. Also include this					
Multiply line 20 by 10% (0.10) Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Cualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.  Cadd lines 22a through 22c.  Add lines 22a through 22c.  Add lines 21 and 23.  Maximum credit amount. (If you jointly occupied the home, see instructions).  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions).		h Enter the smaller of line 19d of line 19g			
Pesidential energy property costs (Hust be placed property property costs (Hust be placed property property costs (Hust be placed property).  Perparation, assembly, and original installation) (see instructions).  Energy-efficient building property. Do not enter more than \$300.  Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more cost and air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more cost than \$50.  Add lines 22a through 22c.  Add lines 21 and 23.  Maximum credit amount. (If you jointly occupied the home, see instructions).  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit.  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions).	20	Add lines 19a, 19b, 19c, and 19h		<del></del>	
Energy-efficient building property. Do not enter more than \$300.  Energy-efficient building property. Do not enter more than \$150.  Description of the property of the smaller of tine 24 or line 27.  Enter the smaller of tine 24 or line 27.  Limit Worksheet (see instructions).  Enter the amount, if any from the Nonbusiness Energy Property Credit and the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this the smaller of tine 28 or line 29. Also include this					
a Energy-efficient building property. Do not effect that the foliar that \$150.  b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.  c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50.  22c 50.  23 200.  24 200.  25 500.  26 27 200.  27 200.  28 200.  29 200.  20 24 200.  20 25 200.  20 26 200.  21 200.  22 200.  23 200.  24 200.  25 200.  26 21 200.  27 200.  28 200.  29 27 26.  29 27 26.  20 29 29 29.  20 20.  21 200.  22 200.  23 200.  24 200.  25 200.  26 200.  27 200.  28 200.  29 27 200.  29 27 200.  20 29 29.  20 200.  21 200.  22 200.  23 200.  24 200.  25 200.  26 21 200.  27 200.  28 200.  29 27 200.  29 200.  20 200.  20 21 200.  20 22 22 22.  20 24 200.  20 25 200.  20 26 27 200.  20 27 200.  20 200.  21 200.  22 200.  23 200.  24 200.  25 200.  26 21 200.  27 200.  28 200.  29 27 200.  29 200.  20 200.  20 200.  21 200.  22 200.  23 200.  24 200.  25 200.  26 21 200.  27 200.  28 200.  29 27 200.  29 200.  20 200.  20 200.  20 200.  20 200.  21 200.  22 200.  23 200.  24 200.  25 200.  26 21 200.  27 200.  28 200.  29 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 200.  20 2	22		22	a	
b Qualified natural gas, propane, of oil infinited of the Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more 22c 50. than \$50. 23 200. 23 200. 23 200. 24 200. 25 200. 26 26 27 200. 27 200. 28 200. 29 200. 29 200. 200. 200. 200. 200		- Coordy-afficient building property. Do not enter more than \$150.		b	<u> 150.</u>
than \$50 . 23 . 200 . 24 . 200 . 25 . 500 . 26 . 27 . 26 . 27 . 28 . 200 . 29 . 29 . 200 . 29 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 . 200 .		to Qualified natural das, propane, or on princes of the page 100 not enter more	e	1	50
than \$50  Add lines 22a through 22c  Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions)  Enter the amount, if any, from line 18  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy  Enter the smaller of line 24 or line 27  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see instructions)		Advanced main air circulating fair used in a standard	22		
Add lines 21 and 23  Maximum credit amount. (If you jointly occupied the home, see instructions).  Enter the amount, if any, from line 18.  Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy 27 365 property credit.  Enter the smaller of line 24 or line 27.  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit 29 5,291  Limit Worksheet (see instructions).		than \$50			
25 Maximum credit amount. (If you jointy occupance) 26 Enter the amount, if any, from line 18. 27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy 28 Enter the smaller of line 24 or line 27. 29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit 29 5,291  Limit Worksheet (see instructions).	23	Add lines 22a through 22c	. 5		500
26 Enter the amount, if any, from line 13.  27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy  28 Enter the smaller of line 24 or line 27.  29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see instructions).  28 200  29 5,291		4 Add lines 21 and 23	7		135
27 Subtract line 26 from line 23. If 20.0  28 Enter the smaller of line 24 or line 27.  29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see instructions).  29 5,291  20 0.00		5 Maximum credit amount, if you line 18	iv F	1	
property credit  28 Enter the smaller of line 24 or line 27  29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit  Limit Worksheet (see instructions)  29 5,291  Limit Worksheet (see instructions)		6 Enter the amount, if day, had a subtract line 26 from line 25. If zero or less, stop; you cannot take the hondulines	. 2	27	
Enter the smaller of line 24 or line 27  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Great  Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Great  Solution 1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999  1999	2	property credit		28	200
Limit Worksheet (see instructions)	2	a Cotor the smaller of line 24 of line 47	ווג		E 201
Limit Worksheet (see instructions)		in timitation based on tax liability. Ethor the	. 1	29	3,231
30 Nonbusiness energy property crown 1040NR, line 50		Limit Worksheet (see instructions).	115	30	200
	3	Nonbusiness energy property crown 1040NR, line 50		00	Form 5695 (201

Case 18-33158-JKS

Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 66 of 80

Case 18-33158-JCS

Separate

Al Revenue Service exhibit (H)

# nternal Revenue Service United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018 Response Date: 08-14-2018 Tracking Number: 100403414763

Tax Return Transcript

SSN Provided: 146-70-1676 Tax Period Ending: Dec. 31, 2017

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 146-70-1676 SPOUSE SSN: 137-72-5931

NAME(S) SHOWN ON RETURN: EVELYN MATHIS

ADDRESS: 75 S HARRISON ST EAST ORANGE, NJ 07018-1701-753

FILING STATUS: FORM NUMBER: CYCLE POSTED: RECEIVED DATE: REMITTANCE: EXEMPTION NUMBER: DEPENDENT 1 NAME CTRL: DEPENDENT 1 SSN: DEPENDENT 2 NAME CTRL: DEPENDENT 2 SSN: DEPENDENT 3 NAME CTRL: DEPENDENT 3 SSN: DEPENDENT 4 NAME CTRL: DEPENDENT 4 SSN: PTIN: PREPARER EIN:

Adjustments to Income

Married Filing Separate 20183205 Jul.31, 2018 \$0.00

Income	2 626 00
Income	50.00
WAGES, SALARIES, TIPS, ETC: TAXABLE INTEREST INCOME: SCH B:	\$0.00
TAXUBUE INTRIBET	\$0.00
TAX-EXEMPT INTEREST	.50.00
ORDINARY DIVIDEND INCOME	\$0.00
QUALIFIED DIVIDENDAL MAYES.	\$0,00
QUALIFIED DIVIDENDS: REFUNDS OF STATE/LOCAL TAXES: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVED: ALIMONY RECEIVE	\$0.00
REFUNDS OF STATE/LOCAL TAXABLE  ALIMONY RECEIVED: BUSINESS INCOME OR LOSS (Schedule C): BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: BUSINESS INCOME OR LOSS: (Schedule D):	\$0.00
BUSINESS INCOME OR LOSS. Schedule D): CAPITAL GAIN OR LOSS: SCH D PER COMPUTER: CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$0.00
CAPITAL GAIN OR LOSS: (SCHOOL) CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: OTHER GAINS OR LOSSES (FORM 4797):	60.00
CAPITAL GAINS OR LOSS: Still 797): OTHER GAINS OR LOSSES (Form 4797): TOTAL IRA DISTRIBUTIONS: TAXABLE IRA DISTRIBUTIONS:	\$0.00 \$0.00
TAXABLE IRA DISTRIBUTIONS:	\$0.00
TOTAL PENSIONS AND ANNOTATION OF	\$0.00
TAXABLE PENSION/ANNULLI ASSTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/FSTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY/PARTNERSHIF/ESTATE/ROYALTY INCOME/LOSS PER COMPUTER: ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER: ESTATE/TRUST INCOME/LOSS PER COMPUTER: PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: FARM INCOME OR LOSS (Schedule F): FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS FEE CONTINUES OF LOSS (Schedule F): FARM INCOME OR LOSS (Schedule F) PER COMPUTER: FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (SCHEDULE F) PER COMPUTER: FARM INCOME OR LOSS (SCHEDULE F) PER COMPUTER: UNEMPLOYMENT COMPENSATION: UNEMPLOYMENT COMPENSATION:	\$0.00
IMEMPLOYMENT COMPENSATION:	\$0.00
FARM INCOME OR LOSS (SCREGULE F) UNEMPLOYMENT COMPENSATION: TOTAL SOCIAL SECURITY BENEFITS: TAXABLE SOCIAL SECURITY BENEFITS: TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	80.00
TOTAL SOCIAL SECURITY BENEFITS: TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS FER CONTINUES.	\$0.00
OTHER INCOME	. \$0.00
SCHEDULE EIC SE INCOME DER COMPUTER:	
SCHEDULE EIU EARNED TOO COMPUTER	447.636.00
SCH EIC DISQUALIFIED INC COMPANY	\$47,636.00
SCH EIC DISQUALIFIED INC COMPOTER.  TOTAL INCOME PER COMPUTER:	
TOTAL INCOME LIN CONT.	

EDUCATOR EXPENSES: \$0.00
EDUCATOR EXPENSES PER COMPUTER: \$0.00
RESERVIST AND OTHER BUSINESS EXPENSE: \$0.00
HEALTH SAVINGS ACCT DEDUCTION: \$0.00

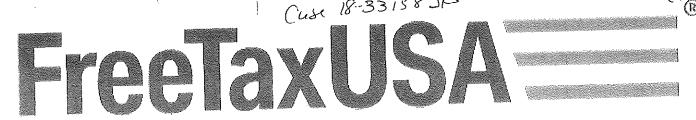
Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 67 of 80 Exhibit (H)

Carc 18 331 38 41 5
### HEALTH SAVINGS ACCT DEBUCTION PER COMPTR: \$0.00  MOVING EXPERSES: F3903: \$0.00  SELF EMPLOYMENT TAX DEDUCTION: \$0.00  SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER: \$0.00  SELF EMPLOYMENT TAX DEDUCTION VERIFIED: \$0.00  KEOGH/SEP CONTRIBUTION DEBUCTION: \$0.00  EARLY WITHDRAWAL OF SAVINGS PENALTY: \$0.00  LEARLY WITHDRAWAL OF SAVINGS PENALTY: \$0.00  IRA DEDUCTION: \$0.00  IRA DEDUCTION: \$0.00  STUDENT LOAN INTEREST DEDUCTION: \$0.00  STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: \$0.00  STUDENT LOAN INTEREST DEDUCTION VERIFIED: \$0.00  TUITION AND FEES DEDUCTION PER COMPUTER: \$0.00  TUITION AND FEES DEDUCTION PER COMPUTER: \$0.00  DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: \$0.00  DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER: \$0.00  OTHER ADJUSTMENTS: \$0.00  ARCHER MSA DEDUCTION PER COMPUTER: \$0.00  ARCHER MSA DEDUCTION PER COMPUTER: \$0.00  TOTAL ADJUSTMENTS: \$0.00  TOTAL ADJUSTMENTS: \$0.00  ADJUSTED GROSS INCOME: \$47,636.00  ADJUSTED GROSS INCOME PER COMPUTER: \$47,636.00
Tax and Credits
SECONSE BLIND:
50.00
SE TAX:

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 68 of 80

(Juse 18-33158-JK3	C
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: \$0.00 TAX ON QUALIFIED PLANS F5329 (PR): \$0.00 TAX ON QUALIFIED PLANS F5329 PER COMPUTER: \$0.00 IRAF TAX PER COMPUTER: \$5.118.00 IPT TAX FIGURES (REDUCED BY IRAF) PER COMPUTER: \$5.118.00 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER: \$0.00 OTHER TAXES PER COMPUTER: \$0.00 OTHER TAXES PER COMPUTER: \$0.00 OTHER TAXES: \$0.00 OTHER TAXES: \$0.00 HOUSEHOLD EMPLOYMENT TAXES: \$0.00 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER: \$0.00 HEALTH CARE RESPONSIBILITY PENALTY VERIFIED: \$0.00 HEALTH CAVERAGE RECAPTURE: F8885: \$0.00 HEALTH COVERAGE RECAPTURE: F8885: \$0.00 RECAPTURE TAXES: \$5.118.00 TOTAL ASSESSMENT PER COMPUTER: \$5.118.00 TOTAL TAX LIABILITY TP FIGURES: \$5.118.00	
Payments\$4,475.00	
Payments	
- Aund	
Refund or Amount Owed  AMOUNT YOU OWE:	)0 )0 )0
Third Party Designee	
THIRD PARTY DESIGNEE ID NUMBER: AUTHORIZATION INDICATOR:	.0
Form 8863 - Education Credits (Hope and Lifetime Learning Credits)	
FART III - ALLOWABLE EDUCATION CREDITS  GROSS EDUCATION CR PER COMPUTER:	00 00 00

in Sidlar



# 2017 Income Tax Return

### Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2017 income tax return.

You can view the status of your e-filed tax return by signing in to your account at www.freetaxusa.com.

2018 tax preparation on FreeTaxUSA.com will be available starting in January of 2019.

We look forward to preparing your 2018 tax return.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Document Page 70 of 80

Desc Main	١ ,
Desc Mair Extribit	1
C/1.0	14

§ 1040	Department	of the Treasury—Internal Rendividual Incom	evenue Service vo Tav F	(99) <b>2011111</b>	2017	OMB No.	1545-0074 IRS Use 0	Only—Do n	ot write or staple in this	space.
LL			IRC IMA	A C'A P CARD N	, 2017, endi	19	, 20	See s	separate instructio	ns.
For the year Jan. 1-Dec.	31, 2017, 0	r other tax year beginning	Last name		,			- 1	social security num	
Your first name and in	aitial		ļ	a				14	6 70 1676	5
EVELYN		and initial	MATHIS Last name	<u> </u>				1 -	e's social security nu	
If a joint return, spous	se's tirst na	une and mua							7 72 593	
	and order	eet). If you have a P.O. b	nx. see instruc	ctions.			Apt. no.	A M	take sure the SSN(s and on line 6c are co	) above
		474 PM						1		
75 S HARR	ISON	ST ZIP code. If you have a fo	reign address, a	ilso complete s	oaces below (see	instructions).			sidential Election Car	
								iointly.	nere if you, or your spouso want \$3 to go to this fund	. Checking
EAST ORAN		NJ 07018		Foreign pro	vince/state/cou	nty	Foreign postal cod	a box b	elow will not change your	r tax or
Foreign country name	18							refund.		
		] Single				4 Head	of household (with qu	alifying pe	rson). (See instructio	NS.)
Filing Status			/ leven if only	v one had in	come)		qualifying person is a	child but r	not your dependent, t	and me
	2 L 3 🛭		ately Enter:	spouse's SS	N above	child	's name here. 🕨			
Check only one	3 12	and full name here.	. D. T. T T. NI 🍕	FE MATI	11S		lifying widow(er) (see	instructi	Boxes checked	A1111111111111111111111111111111111111
box.	A	X Yourself. If some	eone can cla	im you as a	dependent, d	o not check	box 6a	}	on 6a and 6b	1
Exemptions	6a b					·		, , , J	No. of children on 6c who:	
		Dependents:		(2) Dependent		ependent's	(4) ✓ if child under age qualifying for child tax c	redit	<ul> <li>lived with you</li> </ul>	
	(1) First n		ne s	ocial security nui	mber relation	nship to you	(see instructions)		<ul> <li>did not live with you due to divorce</li> </ul>	
	(1) 1								or separation (see instructions)	
If more than four									Dependents on 6c	
dependents, see								<del>.</del>	not entered above	
instructions and	<del></del>								Add numbers on lines above ▶	11
check here ▶ 📙	d	Total number of exe	mptions clai	med				7		636.
	7	Wages, salaries, tips	s, etc. Attach	Form(s) W-	2 · · ·			8a		
Income	`8a	Taxable interest. At	tach Schedu	le B if requir	ed	ا ما				
	b	Tax-exempt interes	t. Do not inc	lude on line	8a	8b		9a		
Attach Form(s)	9a	Ordinary dividends.	Attach Sche	dule B if red	uired , -	9b				
W-2 here. Also attach Forms	b	Qualified dividends						10		
W-2G and	10	Taxable refunds, cre	edits, or offs	ets of state a	and local incol	IIIB taxes		11		
1099-R if tax	11	Alimony received .		, , , , , , , , , , , , , , , , , , ,	C or C-E7			12		
was withheld.	12	Business income or Capital gain or (loss	(loss). Attac	n Scheaule 	coro-cz sautrad If not	required, cl	neck here ▶ 🏻	13		
	13	Capital gain or (loss	), Attach Sci	nedule D II 34	squirou. Il rior	,		14		
If you did not get a W-2,	14	Other gains or (loss		011114131		b Taxable	amount	15b		
see instructions.	15a	IRA distributions .	15a   ies 16a			b Taxable		16b		
	16a	Pensions and annuit Rental real estate, r	oution nor	tnerships S	corporations,	trusts, etc.	Attach Schedule E	17		
	17	Farm income or (los	oyanies, pui	chedule F.		. , .		<u> </u>		
	18	Unemployment cor	nnensation	oriodalo.				19		
	19	Social security bene	fits 20a			<b>b</b> Taxable	amount	20b		
	20a 21			ount			amendal income b	- 21	4.7	,636.
	22	Other income, List Combine the amount	s in the far rig	ht column for	lines 7 through	121. (nis is y	our total income	22	7.7	1000
ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCONOMIC TO ALCON	23	Educator expenses	} .			23				
Adjusted	24	Cartain husiness exp	enses of reser	vists, perform	ning artists, and			- {		
Gross		fee-hasis governmen	t officials. Atta	ich Form 2108	01 2100-EZ	24				
Income	25	Health savings acc	ount deduct	ion. Attach l	Form 8889 .					
	26	Moving expenses.	Attach Form	1 3903		26				
	27	Deductible part of se	elf-employmer	nt tax. Attach	Schedule SE .	21				
	28	Self-employed SE	P, SIMPLE, a	and qualified	plans	20				
	29	Self-employed hea	alth insuranc	e deduction						
	30	Penalty on early w	ithdrawal of	savings.		31a				
	31a	Alimony paid <b>b</b> R	ecipient's St	5N №		32			ļ	
	32	IRA deduction .			, , , , ,	33			1	
	33	Student loan inter	est deductio	η, , . 0047						
	34	Tuition and fees.	attach Form	odustion Att	ach Form 8003					
	35	Domestic production Add lines 23 through	n activities di	ԵԱՄՆԱՍՈ. ԻԱՆ	ROLL OUT OCCU			36		0
	36	Add lines 23 throu	ign do Iom line 22 T	 This is vour a	adjusted gros	s income	A 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	> 37	4	7,636

Case Documents & Page 31 of 80 Page 2 146-70-1676 Form 1040 (2017) EVELYN MATHIS 47,636. Amount from line 37 (adjusted gross income) 38 Blind. Total boxes You were born before January 2, 1953, 39a Check ☐ Blind. J checked > 39a Tax and Spouse was born before January 2, 1953, If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ if: 39b Credits 6,350. b Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 41,286. 40 41 Standard Subtract line 40 from line 38 4,050. Deduction 41 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 37,236. Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . 42 43 · People who check any box on line 39a or 39b or 5,118. Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c \_\_\_\_\_ 43 44 Alternative minimum tax (see instructions). Attach Form 6251 . . . . . . . . 45 who can be 45 46 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . claimed as a dependent, 5,118. 46 47 Add lines 44, 45, and 46 instructions. 47 48 Foreign tax credit. Attach Form 1116 if required . . . . . · All others: 48 49 Credit for child and dependent care expenses. Attach Form 2441 Single or Married filing 49 50 separately, \$6,350 Education credits from Form 8863, line 19 . . . 50 Retirement savings contributions credit. Attach Form 8880 51 Married filing 51 Child tax credit. Attach Schedule 8812, if required. . . 52 jointly or Qualifying 52 53 Residential energy credits. Attach Form 5695 widow(er), 53 Other credits from Form: a 3800 b 8801 54 \$12,700 c 📙 54 55 Add lines 48 through 54. These are your total credits . . . Head of household, \$9,350 5,118. 55 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-56 56 57 Self-employment tax. Attach Schedule SE . . . . . . 57 58 Unreported social security and Medicare tax from Form: a [] 4137 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 Other 59 60a Household employment taxes from Schedule H . . . . . . . . . . . . . . . . Taxes 60a 60b First-time homebuyer credit repayment, Attach Form 5405 if required . b Health care: individual responsibility (see instructions) Full-year coverage [X] 61 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 61 62 5,118. 62 63 Add lines 56 through 62. This is your total tax ... 63 4,475. Federal income tax withheld from Forms W-2 and 1099 64 64 **Payments** 2017 estimated tax payments and amount applied from 2016 return 65 65 66a Earned income credit (EIC) If you have a 66a qualifying 66b Nontaxable combat pay election b child, attach 67 Additional child tax credit. Attach Schedule 8812 Schedule EIC. 67 American opportunity credit from Form 8863, line 8 . 68 68 Net premium tax credit. Attach Form 8962 . . . . 69 69 70 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld . 71 71 Credit for federal tax on fuels. Attach Form 4136 72 72. Credits from Form: a 2439 b Reserved c 8885 d 4,475 Add lines 64, 65, 66a, and 67 through 73. These are your total payments . . 73 74 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 74 75 Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a Refund ▶ c Type: ☐ Checking ☐ Savings 76a Routing number Direct deposit? b Account number d ≫ See Amount of line 75 you want applied to your 2018 estimated tax ▶ 77 instructions. 643. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Amount X No Ves. Complete below. You Owe Do you want to allow another person to discuss this return with the IRS (see instructions)? Personal identification Third Party Phone number (PIN) Designee's Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and Designee accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Date Here 973-609-3490 Your signature CLERK If the IRS sent you an Identity Protection Joint return? See Spouse's occupation instructions. Spouse's signature. If a joint return, both must sign. Date PIN, enter it here (see inst.) Keep a copy for your records. Date Check [] if Preparer's signature Print/Type preparer's name self-employed SELF-PREPARED Paid Firm's EIN 🕨 Preparer Phone no. Firm's name 🗦 **Use Only** Form 1040 (2017)

Firm's address ▶

e gov/Form 1040 for instructions and the latest information.

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Mair

# Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 72 of 80

	Document 1 age 72 of 00			
Fill in this information to identify your case:				
Debtor 1 (1) (10 /00	Mothers			
First Name Diddle Name	har Hans			
Debtor 2 (NOTUS) Structure (Spouse, if filing) Fust Name Middle Name	Last Name			
United States Bankruptcy Court for the: District	st of Mensinsey		,	
コピーラン しゃとってひと			Check if this is amended filing	an
Case number 13 3015 X 150 (if known)		1		\
Official Form 106E/IF		exh	, bit (I	
Schedule E/F: Creditors W	ho Have Unsecured Claim	S	12/1	; ===
Be as complete and accurate as possible. Use Part 1 List the other party to any executory contracts or un A/B: Property (Official Form 106A/B) and on Scheducreditors with partially secured claims that are listed needed, copy the Part you need, fill it out, number that any additional pages, write your name and case number 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	expired leases that could result in a takin. le G: Executory Contracts and Unexpired Leases (Of it in Schedule D: Creditors Who Have Claims Secured to entries in the boxes on the left. Attach the Continuater (if known).	ficial Form 106	G). Do not include an	y of
Part 15 List All of Your PRIORITY Unsecure				
1. Do any creditors have priority unsecured claims	against you?			
<ol> <li>List all of your priority unsecured claims. If a creeach claim listed, identify what type of claim it is. If a nonpriority amounts. As much us possible, list the claims, fill out the Continuation Page of F</li> </ol>	aims in alphabetical order according to the creditor's nar art 1. If more than one creditor holds a particular claim,	ne. If you have t	more than two priority	
(For an explanation of each type of claim, see the in	structions for this form in the instruction booklet.)	Total claim	Priority Nonprio	ority
			amount amount	
21 7 1 1 5 5 5 5 5 5 6 7 6 7 7 7 7 7 7 7 7 7 7 7		: <sup>0</sup> /13.61	s 911361s	
Priority Creditor's Name	Last 4 digits of account number	2000	- Self Evelyn -	13:12 7/
1.0. Box 7346	When was the debt incurred?		e . C = 1	21.43.46
Aumbu Sheet	As of the date you file, the claim is: Check all that apply.	2014	- Joint - Joint	1165.34
Philadelphia State ZIP Code	Contingent	从015	- 70 W.	2941.00
City	☐ Unliquidated	2016	-Jona+	645.00
Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	2017	= Salf Evelyp =	
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
<ul><li>At least one of the debtors and another</li><li>Check if this claim is for a community debt</li></ul>	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
is the claim subject to offset?	* . t T a a _ a t			
No	Other Specify tox return Selfer Journ			
Q Yes		ad 250 61	- 4d 20 64	
22 No DWISHON OF TRXATION	Last 4 digits of account number	s <u>27 226 11</u>	\$ 14 336.118	
Profit Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
Act DELSA	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the deht? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated (2:11:2)		1	
Is the claim subject to offset?	intoxicated (lastice)  Other Specify Store Scientisk (Marring)	Sweatsha	43	
S the claim subject to onset?  No  Yes				

Filed 08/14/19 Entered 08/16/19 09:12:09 Case 18-33158-JKS Doc 53 Document Page 73 of 80 Debtor 1 Your PRIORITY Unsecured Claims - Continuation Page Part 1: Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Priority Total claim amount amount CONVERT Extra priseLast 4 digits of account number 2 4 7 3 s 320.62 \$ 320.60s When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Eric -Fine Is the claim subject to offset? ₩ No ☐ Yes 2.4 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? □ No Yes 3.5 Last 4 digits of account number \_\_\_\_\_\_ Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code State City Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only Ctaims for death or personal injury white you were At least one of the debtors and another infoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? □ No

Yes

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Page 74 of 80 Document Case number (Faccase) Debtor 1 List All of Your NONPRIORITY Unsecured Claims Part 2 Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number 3852When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other, Specify <u>Diedice ( B.//</u> ☑ No Yes 516.484 30 Last 4 digits of account number 8 1 2 1 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other. Specify (ar loan No 🔯 ☐ Yes Last 4 digits of account number 3 0 4 6 s 415 00 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Who incurred the debt? Check one. ☐ Unliquidated Disputed Debtor 1 anly Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Calabe TV

☐ No☐ Yes

Is the claim subject to offset?

Case 18-33158-JKS Doc 53 Filed 08/14 Document	4/19 Entered 08/16/19 09:12:09 Desc Ma Page 75 of 80	in
Debtor 1 Wille Lee Wath 15	Case number (##noxin) 18-35(58-	<u> 1/65</u>
F29 Mania Loude Value	evhilat (	I)
Pane 22 Your NONPRIORITY Unsecured Claims - Continuate	non rage	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
After listing any entries on this page, number them beginning with 4.	4, followed by 4.5, and so forth.	Total claim
4.4 Fast Orange Water Comission	Last 4 digits of account number ( ) ( )	543.16
Nonpriority Creditor's Name	When was the debt incurred?	
UP S Grove St Number Street	As of the date you file, the claim is: Check all that apply.	
Fost Circural NJ 6/0/8 State ZIP Code	Contingent	
Ony	☐ Unliquidated ☐ Disputed	
Who incurred the debt? Check one.  B Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other Specify Water B. (/	
⊠ No		
Q Yes		1 - 1
95 - 1 11 to - Cas D Odas	Last 4 digits of account number 18 4 22	\$ 194.22
Elizabethitown GAS Compliny Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 11811	As of the date you file, the claim is: Check all that apply.	
Number Street  12 16 10 1 10 10 1	Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Gas Company (manage Sent share	)
Is the claim subject to offset?	Omer. Specify Star Company	
☑ No ☐ Yes		a
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	Last 4 digits of account number 9 5 98	s <u> 95 333.</u> (
Nonpriority Creditor's Name	When was the debt incurred?	

Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
At least one of the debtors and another

Check if this claim is for a community debt
Is the claim subject to offset?

□ Disputed
 Type of NONPRIORITY unsecured claim:
 □ Student loans
 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 □ Debts to pension or profit-sharing plans, and other similar debts
 ☑ Other. Specify ( AMEX )

As of the date you file, the claim is: Check all that apply.

Yes Yes

Contingent
Unliquidated

Filed 08/14/19 Entered 08/16/19 09:12:09 Case 18-33158-JKS Doc 53 Document Page 76 of 80 Debtor 1 exhibit (I) Your NONPRIORITY Unsecured Claims — Continuation Page Pari 2a Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. acquelin Deez (C/o Westenko law from)

When was the debt incurred? 75.000.00 Caroler Lane As of the date you file, the claim is: Check all that apply. Contingent Untiquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other, Specify\_ Is the claim subject to offset? No Yes Last 4 digits of account number 5409\$ 578 86 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ☐ Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Deptor 1 only Debtor 2 only ☐ Student loans Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only At least one of the debtors and another you dld not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other. Specify Sarvice Contract. Is the claim subject to offset? No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 No
 Yes s.2885. Last 4 digits of account number 88 8 4.9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ZIP Code State Unliquidated ☐ Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other. Specify Miramy O Sweet Shop Electric Is the claim subject to offset? ☑ No

☐ Yes

Document Page 77 of 80 Case number (thosan) Debtor 1 exhibit (I) Your MONPRIORITY Unceensel Claims — Continuation Page Fam 23 Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.6, and so forth. Last 4 digits of account number  $\frac{2}{6}$ 580 00 When was the debt incurred? 92004 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only 🖪 Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Marony D. Sweet Sharp internet Check if this claim is for a community debt Is the claim subject to offset? ₩ No T Yes Last 4 digits of account number 0981 s / 1282 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. C Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other Specify furniture is the claim subject to offest? ₩ No 📑 Yes s 1994 Last 4 digits of account number 6 9 8 1 14,10 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other Specify Par Repairs is the claim subject to offset? ☑ No Tyes

Filed 08/14/19 Entered 08/16/19 09:12:09

Case 18-33158-JKS

Doc 53

## Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main

	ase 10 00100 0NO D00 00	Document Page 78 of 80	, idii i
Debtor 1	Willie Lee Mus	Hils Case number (#Proxin) 18-33158-	1/55
Part 2:	Your NONPRIORITY Unsecured GI	aims – Continuation Page Ey luk	H (I)
After listi	ing any entries on this page, number ther	m beginning with 4.4, followed by 4.5, and so forth.	Total claim
Vho	iority Creditor's Name  Street  Incurred the debt? Check one.  lebtor 1 only lebtor 2 only lebtor 1 and Debtor 2 only It least one of the debtors and another  Check if this claim is for a community debt le claim subject to offset?	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$ <u>:50060</u> 0
		Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student toans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cather Faculture	<u>\$ 15°94.4</u>
	iofily Creditor's Name	Last 4 digits of account number	\$
	State Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply.  ZIP Code  Contingent Uniliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans	
<b>₩</b> A	at least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

Other. Specify\_\_\_\_

Debts to pension or profit-sharing plans, and other similar debts

☐ No Yes

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Case 18-33158-JKS Doc 53 Filed 08/14/19 Entered 08/16/19 09:12:09 Desc Main Document Page 79 of 80

Debtor	1	

į	Willie	100	Mollus
٠	First Names 146	t e trama	Last Mame

Case number (#hns.kn) 18-33158-JKS



List Others to Be Notified About a Debt That You Already Listed

	11.6	1-1
<del>Cor</del> Cx	hibit	(4)

xample, ii	f a collection age	ency is trying to co	llect from yo	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street			Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
City	<del></del>	State	ZIP Code	
				On which entry in Part 1 or Part 2 did you list the original creditor?
ате				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street		· 1,,	Part 2: Creditors with Nonpriority Unsecured
				Claims
ity		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
eme				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
		Stale	ZIP Code	Last 4 digits of account number
(ty		State	Zil- Odge	On which entry in Part 1 or Part 2 did you list the original creditor?
ame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
ımber	Street			Part 2: Creditors with Nonpriority Unsecured
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Claims
		State	ZIP Code	Last 4 digits of account number
lly		2/8/6	Zin Obde	On which entry in Part 1 or Part 2 did you list the original creditor?
Vanie				
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
umber	Street			Claims
				Last 4 digits of account number
Sily		State	ZiP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
lame				
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
Vumber	Street			Claims
	والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة والمنافذة			Last 4 digits of account number
City	annessed British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British British Briti	State	ZIP Code	
Name	Approximately to the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second paper and the second pa	die de la company de la company de la company de la company de la company de la company de la company de la co		On which entry in Part 1 or Part 2 did you list the original creditor?
ថាអេត				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Yumber	Street			Part 2: Creditors with Nonpriority Unsecured
		***************************************		Claims
ity		State	ZIP Code	Last 4 digits of account number

Debtor 1	Se 18-33158-JKS	Docun	nent Pag	e 80 of 80	/16/19 09:12:09	Desc Mai			
Part 4: Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159 Add the amounts for each type of unsecured claim.									
				Total claim					
Total claims from Part 1	6a. Domestic support o	bligations	6a.	\$	0.00				
		ther debts you owe the	e 6b.	s <u>33</u>	791.14				
	6c. Claims for death or intoxicated	personal injury while y	ou were 6c.	\$	0.00				
	6d. <b>Other.</b> Add all other i Write that amount he	priority unsecured claims re.	s. 6d.	+ ş	0.00				
	6e. <b>Total.</b> Add lines 6a tl	hrough 6đ.	6e.	s <u>.337</u>	91.14				

#### Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims.
   Write that amount here.
- 6j. Total. Add lines 6f through 6i.

6f.

s 0.00

6g.

s\_\_\_0.00\_

6h

s <u>().()()</u>

6i.

+ \$ 131.618.96

6j.

s 131,618.96